



Lori Sharp Massage Therapy
801 S. Adams Rd. Suite #207
Birmingham, MI 48009
248-302-5796
lorisharpcmt@gmail.com

AUTO ACCIDENT CLAIM FORM

CLIENT INFORMATION

client (name on insurance) _____

home address _____

phone number _____ date of birth _____

email address _____

ACCIDENT AND INSURANCE INFORMATION

date of accident _____

auto insurance company name _____

adjuster's name _____

adjuster's phone number _____

claim number _____

claim mailing address _____

referring physician (first & last name) _____

physician's address (at least the city) _____

AGREEMENT TO PAY

It is the policy of Lori Sharp Massage Therapy to expect payment directly from you, the client, for the beginning massage sessions until the Auto Insurance coverage is approved and first payment is received (generally 30-60 days). Once this happens, the client will then be fully reimbursed by check from Lori Sharp Massage Therapy (LSMT, LLC) for the amount they have paid up to that time. Then going forward, there will be no charge to the client for any of the following sessions since the Auto Insurance Company will be making the payments directly to Lori Sharp Massage Therapy for all sessions the client attends thereafter. I apologize for any inconveniences this may incur.

client/patient signature

date

Please print this and bring to your appointment along with the written and signed prescription from your doctor including recommended frequency and duration of massage treatments.