lori sharp*
Licensed and Nationally
Board Certified Massage Therapist

Lori Sharp Massage Therapy
801 S. Adams Rd. Suite 207
Birmingham, MI 48009
248-302-5796

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 (please check one)

☐ *If my Auto Insurance Company refuses to pay for the massage services rendered, I realize that once I am notified that that is the case, I am legally bound to pay Lori Sharp Massage Therapy (LSMT LLC) in full for all massage services rendered up to that time.*

☐ *I choose to pay in full at the time of service and then be fully reimbursed when the insurance payment is received by Lori Sharp*

_____ _____

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.