



Radiance Healing Arts
LET YOUR LIFE SHINE

Amy Bean Reiki Master, LPTA, LMT #7081
7706 SE Yamhill Street, Portland 97215 (503) 780-1478
www.radiancehealingarts.com

Insurance Intake Supplement – No information will be sold, rented or shared with outside parties without your consent in the event of medical or billing necessity. Your privacy is important to me!

Please fill out in entirety.

Patient's Name _____ Birth date ____/____/____ Circle: M F

Address _____ SS# _____

City _____ State _____ Zip _____ Phone (H) _____

Employer _____ Phone (W) _____

Referring Physician Name/Phone _____ Date of Injury _____

Physician Diagnosis _____ ICD 9 _____

Condition Related to: Employment _____ Auto Accident _____ Other accident _____

Insured's Name _____ Insured's Birth date ____/____/____

Address _____ SS# _____

City _____ State _____ Zip _____ Phone (H) _____

Employer's Name _____ Phone (W) _____

Insurance Company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Adjuster's Name _____ Phone _____

Policy # _____ Group # _____ Member # _____

Claim # _____ ID# _____

Type of Insurance: Group _____ PIP/Auto _____ Worker's Compensation _____

Is there a supplemental health benefit plan? _____

The responsibility for the cost for each massage therapy session is the client's. Whatever portion of the session(s) denied by a third party payer is the client's responsibility. (Please Initial) _____

Release (12): Authorized signature: I authorize the release of any medical or other information necessary to the medical treatment of my condition and to process this claim. I also request payment of medical benefits either to myself or to this medical provider.

Signature _____ Date _____