



## INSURANCE INFORMATION

### PRIMARY INSURANCE:

POLICY HOLDER & EMPLOYER: \_\_\_\_\_

RELATIONSHIP TO PATIENT: CIRCLE ONE

SPOUSE, CHILD, OTHER

POLICY HOLDER'S DOB: \_\_\_\_\_

### SECONDARY INSURANCE:

POLICY HOLDER & EMPLOYER: \_\_\_\_\_

RELATIONSHIP TO PATIENT: CIRCLE ONE

SPOUSE, CHILD, OTHER

POLICY HOLDER'S DOB: \_\_\_\_\_

### ACCIDENT INFORMATION:

Was your injury or illness a result for which someone else is responsible?

YES NO

Date of Injury: \_\_\_\_\_

\*\*Attention auto accidents we will file with your auto or health insurance we do not file third party claims.

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