



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.

3898 New Vision Drive, Ste D
Fort Wayne, IN 46845
260-483-1010
www.handson-pt.com