



INSURANCE INFORMATION

PRIMARY INSURANCE:

POLICY HOLDER & EMPLOYER: _____

RELATIONSHIP TO PATIENT: CIRCLE ONE

SELF, SPOUSE, CHILD, OTHER

POLICY HOLDER'S DOB: _____

SECONDARY INSURANCE:

POLICY HOLDER & EMPLOYER: _____

RELATIONSHIP TO PATIENT: CIRCLE ONE

SELF, 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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