Marklan Linnemeyer, LMT
1829 Nebraska Ave
Grants Pass, OR 97527
541-659-5362
Fax 541-474-2229

AUTO INSURANCE INFORMATION

In order to bill insurance for your visits regarding this motor vehicle accident, please give us the following information.
If you were the driver, we need **YOUR** insurance company. If you were the passenger, we need the **DRIVERS** insurance company.

Auto Insurance Company____

Street Address________________________________City_______________State_______Zip___________

Phone #________________________________Fax#________________________________

Claim #__________________________________

Name of Insured____

Name of Patient____

Relationship to Insured: Self_____ Spouse_____ Child_____ Other_____

Name of Adjuster____

Date of Motor Vehihicle Accident_________________

State in which accident occurred________________________

Name of Referring Provider______________________________________

Assignment of Insurance Benefits- I authorize and direct that payment be made directly to: Marklan Linnemeyer, LMT for any and all insurance benefits or reimbursements for service rendered by Mr. Linnemeyer which amounts otherwise would be payable to me under any insurance or prepaid health care plan.

Date _______________________ Patient Signature ____

Payment Agreement- I understand that there is no guarantee that my insurance companies or pre-paid health plan will cover or pay for all of my charges. Notwithstanding denial, reduction of benefits or failure to pay for any reason, I understand that I am responsible for all remaining charges.

Date _______________________ Patient Signature ____