Nature's Healing

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Acupuncture & Herbal Medicine
Nature's Healing

129 Sandy Bottom Rd. / *lower level*
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Third Party Information

PLEASE COMPLETE ALL APPLICABLE AREAS.

Patient Name: _____ Date of Birth: ____ / ____ / _____
Social Security #: ____ - _____ - _____ Tel: ( ) _____
Injury Date: ____ / ____ / _____ Incapacity Date: ____ / ____ / _____

Attorney Name: _____ Company Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Tel: ( ) _____
Claim #: _____ FAX: ( ) _____

Insurance Company: _____ Case Manager Name: _____
FEIN #: _____ License #: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Tel: ( ) _____ Ext: _____
Claim #: _____ FAX: ( ) _____

IF APPLICABLE COMPLETE REFERRING MEDICAL DOCTOR'S INFORMATION

Referring MD's Name: _____ NPI #: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Tel: ( ) _____ Ext: _____
FAX: ( ) _____

IF WORK RELATED, PLEASE LIST EMPLOYER INFORMATION BELOW

Employer Name: _____ FEIN #: _____
Address: _____ City: _____ State: _____ Zip: _____
Contact Name: _____ Tel: ( ) _____ Ext: _____
Claim #: _____

Signature: _____ **Today's Date**: ____ / ____ / _____

Thank you for taking the time to thoroughly complete this form.