Absolute Balance Bodywork LLC, NPI #1538451224
2025 SE Jefferson Street #105, Milwaukie, OR 97222
(503) 427-2737 * info@AbsoluteBalanceBodywork.com

Motor Vehicle Accident Claim – Insurance Information

Name: _____
Last First MI

Address: _____ Date of Birth _____
Street City State Zip

Date of Accident:_____State of Accident _____

Primary Insurance

Insurance Company:_____Claim #: _____

Insured's Name: _____
Last First MI

Insured's Address: _____
Street City State Zip

Insured's Date of Birth:_____Client's Relationship to Insured: _____

Claims Address:_____
Street City State Zip

Claims Representative's Name:_____Phone:_____Fax: _____

Secondary Insurance (if applicable)

Insurance Company:_____Claim #: _____

Insured's Name: _____
Last First MI

Insured's Address: _____
Street City State Zip

Insured's Date of Birth:_____Client's Relationship to Insured: _____

Claims Address:_____
Street City State Zip

Claims Representative's Name:_____Phone:_____Fax: _____

I AUTHORIZE THE RELEASE OF ANY MEDICAL INFORMATION NECESSARY TO PROCESS CLAIMS. I AUTHORIZE PAYMENT OF MEDICAL BENEFITS TO THE PROVIDER THAT RENDERED SERVICES.

Client Name_____Client Signature_____Date_____