

PIP (Motor Vehicle Accident) Insurance Verification Form

Kwan-Yin Healing Arts Center | Tax ID: 26-1573865

Patient Name: _____

Date of Birth: _____

Date of Call to Insurance: _____

Insurance Company: _____

PIP Claim #: _____

Claim Adjuster Name: _____

Adjuster Phone #: _____

Claims Address: _____

Claims Fax #: _____

Date of Accident: _____

State Accident Occurred In: _____

Is the PIP claim open? (Yes/No): _____

Acupuncture (LAc) Referral Required? (Yes/No): _____

If yes, type (MD/ND/DC): _____

Visit Limit (if no referral): _____

Physical Therapy (PT) Referral Required? (Yes/No): _____

If yes, type (MD/ND/DC): _____

Visit Limit (if no referral): _____

Massage Therapy (LMT) Referral Required? (Yes/No): _____

If yes, type (MD/ND/DC): _____

Visit Limit (if no referral): _____

Notes:

Insurance Rep Name: _____

Patient Signature: _____

Date: _____