The Good Life Massage – PIP or L&I Claim Disclosure

Please print legibly

Date of injury: _____ PIP ☐ L&I ☐ Claim #_____

Case Manager/Insurance Agent Name: _____

Case Manager/Insurance Agent Phone: _____

Referring Practitioner: _____ Phone: _____

Please also provide a copy of their referral/prescription with diagnosis codes

I, (print name) _____ , agree to pay the full cost for all sessions not covered by my claim or denied after submission.

Signature _____ Date_____

Clinic Use Only:
Billing Fax number: _____ CMS 1500 ☐ Invoice ☐

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