

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 _____