



INNER SERENITY BODYWORKS
LYNNE ALSTON LMT MA-15660
105B WEST MAIN SUITE 112
PUYALLUP, WA 98371
253-640-3155

Client Insurance Information

Patient name _____ M/F **Single / Married / Separated / Divorced**

Date of accident/injury _____ related to: **Employment / Auto / Other**

Employed: **Full time / Part time / Student - Full time/Part Time / Retired**

Name of insurance holder _____ DOB of insurance holder _____

Relationship to insured: **Self / Spouse / Child / Other**

Address of insurance holder _____ City _____ State _____ Zip _____

Insurance Company _____ **Medical / Auto / L&I**

Claim or case # _____ Insurance ID # _____

Claim Office address _____ City _____ State _____ Zip _____

Policy group # _____

Address of employment at time of injury if L&I _____

Adjuster _____ Adjuster Phone _____

Adjuster Fax _____ # visits authorized _____

Attorney Name _____ Attorney Phone _____

Attorney Address _____ City _____ State _____ Zip _____

I understand that this information is not a guarantee that payment will be made on my behalf by an insurance company, and that I alone am 100% responsible for full payment in the event that my insurance does not pay in full or part for my treatment with Lynne Alston LMT.

Signature _____ Printed Name _____

Date _____