CHAMPION MASSAGE
7615 WEST 38TH AVE, SUITE B-107
WHEAT RIDGE, CO 80033
(720) 443-0369

Provider: Debbie Lipski, LMT

Date: _____

MEDICAL BILLING INFORMATION

Insured's Information

Name: _____

Address: _____

Phone: _____Email:_____

Gender: _____ Marital status: _____ Date of birth: _____

Date of injury: _____ Employed/FT Student/PT Student? _____

Referring healthcare provider: _____

Phone: _____Email: _____

Address: _____

Insurance Policy Information

Insurance company: _____ Phone: _____

Address: _____

Insurance ID# (Claim #): _____

Name of insured (if other than you): _____

Relationship to insured: _____

Insured's date of birth: _____Insured's gender: _____

Adjuster's name: _____Phone: _____

Fax: _____

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Date: _____

Motor Vehicle Collision Information
(Additional information is necessary if billing your car insurance)

Auto collision in what state? _____

Job-related collision? Yes □ No □ Was the collision your fault? Yes □ No □

MedPay policy amount: _____ Dates of coverage: _____

Amount of MedPay available: _____

Attorney Name (if applicable): _____

Date retained: _____Phone: _____

Fax: _____ Email: _____

Address:_____

_____