Relaxation Works
Wellness Center and Spa
1253 Broadway (Rte. 138), Unit 1 • Raynham, MA 02767
774.226.8651 • relaxation-works.com

Patient Information To Verify Insurance (Injury Intake Form)
Fax Or Mail: 508-824-0560

Last Name:____________________________First Name:___________________________

Address:____Apt:_______

Town:____________________________________St:___________Zip:________________

Phone:C______________________H_____________________W____________________

Name Of Current Place Of Employment. (needed for billing purposes):

____

Emergency Contact Name & Number:____

Date of Birth:____________________________________

Insurance Company Name:____

Policy Number:____

Claim Number:____

Name of Adjuster:____

Phone of Adjuster:______________________________ext:______________

Address of Insurance company:____

State:______________________Zip code:__________________________

Date of Accident:__________________________________

Insurance Company Fax #:______________________________________

Internal Use Only

Policy Limit:______________________Policy Amount Left:_____________________

Today's Date:__________________

Code Number/s:____

Claim rep sent written confirmation to OK this claim:

Name______________________________________Date:_____________________

Relaxation Works
Wellness Center and Spa
1253 Broadway (Rte. 138), Unit 1 • Raynham, MA 02767
774.226.8651 • relaxation-works.com

To be filled out by the physician. Fax: 508-824-0560

Manual Therapist

PRESCRIPTION

Patient Name ______________________ Date ____________

Date of Injury ______________________ ID#/DOB ______________________

A. Diagnosis

(Include ICD-9 codes that specifically address Manual Therapy Treatment)

____

____

____

____

B. Frequency & Duration

- ☐ 1× wk for ______ wks
- ☐ 2× wk for ______ wks
- ☐ 3× wk for ______ wks
- ☐ 2× month for ______ months
- ☐ 1× month for ______ months

C. Medically Necessary Treatment: Implement Plan as Prescribed Below

Application (Primary & Secondary)

- ☐ Head ______________________
- ☐ Neck ______________________
- ☐ Chest ______________________
- ☐ Shoulders ______________________
- ☐ Abdomen ______________________
- ☐ Back ______________________
- ☐ Lowback/Hips ______________________
- ☐ Upper extremities ______________________
- ☐ Lower extremities ______________________
- ☐ All of the above ______________________
- ☐ Other: ______________________

Treatment Goals

- ☐ Decrease Pain
- ☐ Decrease Inflammation
- ☐ Decrease Muscle Tension/Spasms
- ☐ Decrease Compensatory Patterns
- ☐ Increase Mobility
- ☐ Increase Strength
- ☐ Restore Function
- ☐ Restore Posture
- ☐ Patient Education
- ☐ All of the Above
- ☐ Other ______________________

Specific Instructions/Precautions:

____

____

____

____

D. Referring Health Care Provider (HCP)

Contact Information

HCP Name ______________________

Address ______________________

City ____________ State ____ Zip ____________

Phone ______________________

Fax ______________________

Email ______________________

NPI# ______________________

Reporting—I will send an initial report after the first visit and a progress report after every 6–8 sessions. Please check how you would like to receive this information:

☐ Fax ☐ Mail ☐ Email

☐ Send Copies of Chart Notes with each report

HCP Signature: ______________________ Date ____________

Revised and reprinted with permission, Adler ♦ Giersch, PS

Copyright © 2011 Lippincott Williams & Wilkins

Relaxation Works
Wellness Center and Spa

1253 Broadway (Rte. 138), Unit 1 • Raynham, MA 02767
774.226.8651 • relaxation-works.com

Relaxation Works is an Auto Injury Provider for patients seeking manual therapeutic massage therapy due to an injury related to their car accident. We have been providing this service since 2009, specifically working with physicians and insurance companies.

Your patient has inquired about receiving therapeutic services due to the car accident they were in. As a professional provider for auto injury we require our prescription form to be filled out in completion (which we provided for you) so we can provide the needed information to the insurance company.

We are available for questions by contacting katie our office manager at 774-226-8651.

Conditions that we work with specifically are whiplash, migraines, upper back, shoulder, neck and low back pain. In addition we work with less common but just as important pain conditions that include the forearm, hand, biceps injuries (usually due to the patient's hand hitting the steering wheel or window) and kneed and leg injuries.

Kristen Sparks

Kristen Sparks
Relaxation Works
Owner
clientcare@relaxation-works.com / Fax: 508-824-0560