

Re-Member Massage
Nanci Williams, LMT #14787
MVA/PIP Claim
What I Need From You



Insurance Company Info:

Name: _____

Contact Name: _____

Claim # (for each person on the claim if more than one):

Address: _____

Phone: _____

Insured Name (Person Driving): _____

1st Party or 3rd party Billing: _____

Date of Auto Accident: _____

Balance available in PIP: _____

Date Claim Closes: _____

For **Each Person** Receiving Massage and claiming against PIP I need:

Dr. / Referring Physician's Prescription for Massage Therapy:

Name and UPIN ID #: _____

Address and Phone#: _____

Diagnostic Codes (for each person): _____

Also for each person the prescription should include how many times / week massage should be administered, how many weeks total, 1 or 1.5 hour therapeutic massage and the diagnosis code.