

Legend req'd = Required Ax = Assessment Rx = Treatment
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POLICY INFORMATION (1° COVERAGE)	POLICY INFORMATION (2° COVERAGE)
Policy Holder Name:	Policy Holder Name:
Policy Holder DOB:	Policy Holder DOB:
Insurance Company:	Insurance Company:
Policy renewal month:	Policy renewal month:
Direct billing allowed: Y N	Direct billing allowed: Y N
Deductible: Y N	Deductible: Y N
Individual: \$ Family: \$	Individual: \$ Family: \$
PHYSIOTHERAPY	PHYSIOTHERAPY
Referral Req'd: Y N	Referral Req'd: Y N
How much for Ax:	How much for Ax:
How much for Rx:	How much for Rx:
Max per year:	Max per year:
Covered at %:	Covered at %:
REGISTERED MASSAGE THERAPY	REGISTERED MASSAGE THERAPY
Referral req'd: Y N	Referral req'd: Y N
How much for Rx:	How much for Rx:
Max per year:	Max per year:
Covered at %:	Covered at %:
CHIROPRACTIC	CHIROPRACTIC
How much for Ax:	How much for Ax:
How much for Rx:	How much for Rx:
Max per year:	Max per year:
Covered at %:	Covered at %:
NATUROPATH	NATUROPATH
Referral req'd: Y N	Referral req'd: Y N
How much for Rx:	How much for Rx:
Max per year:	Max per year:
Covered at %:	Covered at %:
ACUPUNCTURE	ACUPUNCTURE
Can be done by PT or RMT or DC or ND (circle)	Can be done by PT or RMT or DC or ND (circle)
Certification req'd: Y N	Certification req'd: Y N
With what organization:	With what organization:
Referral req'd: Y N	Referral req'd: Y N
How much for Rx:	How much for Rx:
Max per year:	Max per year:
Covered at %:	Covered at %:
ORTHOTICS	ORTHOTICS
Can be done by PT or DC (circle)	Can be done by PT or DC (circle)
Referral req'd: Y N	Referral req'd: Y N
Max per year:	Max per year:
Covered at %:	Covered at %:
Pairs per year: Inserts? Shoes?	Pairs per year: Inserts? Shoes?
Estimate req'd: Y N	Estimate req'd: Y N
COMPRESSION STALKINGS	COMPRESSION STALKINGS
Can be done by PT or DC (circle)	Can be done by PT or DC (circle)
Referral req'd: Y N	Referral req'd: Y N
Max per year:	Max per year:
Covered at %:	Covered at %:
Pairs per year:	Pairs per year:
Estimate req'd: Y N	Estimate req'd: Y N
HEALTH SPENDING ACCOUNT 1° COVERAGE	HEALTH SPENDING ACCOUNT 2° COVERAGE
IS IT AVAILALBE? YES OR NO (circle)	IS IT AVAILALBE? YES OR NO (circle)
MAX PER YEAR:	MAX PER YEAR:
POLICY RENEWAL MONTH:	POLICY RENEWAL MONTH: