



# A Touch of Health

Massage Therapy ▪ Access Therapy ▪ Chronic Pain

286 Main Street ▪ Winthrop, Maine 04364 ▪ Tel 207-377-8910 ▪ Fax 207-377-6671

## **Workers Compensation Information**

Patient's Full Name: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Contact Person:

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Claim Number: \_\_\_\_\_

## **Attorney Information**

Attorney's Name : \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Please give us your medical insurance information in case you have limited or no Med Pay coverage on your automobile insurance. Your local agent will be able to tell you if you have this coverage.

Please contact our office manager if you have any questions. We are here to assist you.  
Thank you.

Patients Signature: \_\_\_\_\_