ABW
ADVANCED BODYWORK & MASSAGE

Insurance Reimbursement Request

Name: _____

Phone: _____

Email: _____

Requesting (please check one or both of the below boxes):

☐ Invoice

☐ Treatment Notes

For office use only:

Date requested: _____

Request taken by (initial): _____

- -

Date fulfilled: _____

Fulfilled by (initial): _____

Date Range of request: _____ - _____

Please initial each of the following statements:

_____ I understand that ABW is not a doctor's office and can not diagnose or prescribe.

_____ I understand that ABW can not and will not file, bill, or speak directly to my insurance company.

_____ I have provided my personal email address above that my invoice and/or treatment notes will be sent to.

_____ I understand that invoices and treatment notes will be sent to me within 48 hours of my request.

_____ I understand that tips are not eligible for reimbursement and that I cannot tip using my FSA or HSA cards.

_____ I understand that it is my responsibility to file my invoice and/or treatment notes with my insurance company for potential reimbursement.

Signature: _____

Note: If you fail to initial, sign, or provide any of the above information, your invoice and/or treatment notes will not be sent to you until this form is completed.