Healing In Motion PLLC Therapy and Wellness Center
5340 Plymouth Rd, Ste.100 Ann Arbor, MI 48105 Phone 734.913.4816 Fax 734.913.8021

Patient Intake and Billing Information

Today's Date _____

PERSONAL INFORMATION

Name:_____
LAST FIRST MIDDLE INITIAL

Address: _____
STREET CITY STATE ZIP

Please indicate the best method to reach you: Cell #____ Home #_____ Email _____ Can we text you? Y / N

Email Address: _____

Phone Numbers: Home _____ Work _____

Cell_____ Fax_____ Other:_____

Date of Birth_____ Gender_____ Social Security # _____

Emergency Contact Name: _____ Phone # _____

Marital Status: Single Married Divorced Widowed Student Status: Full Time Part time Not a student

EMPLOYMENT INFORMATION

Occupation _____ Full time Part time Self Employed Disability Retired- date:_____

Employer_____ Phone #_____ Ext/ Dept_____

Employer Address_____
STREET CITY STATE ZIP

PRIMARY INSURANCE INFORMATION

Insurance Carrier_____

Policy Holder_____ Relationship_____

Policy #_____ Group #_____

Claim #_____ Effective Date_____

SECONDARY INSURANCE INFORMATION

Insurance Carrier_____

Policy Holder_____ Relationship_____

Policy #_____ Group #_____

Claim #_____ Effective Date_____