THERAPEUTIC SERVICES AGENCY, INC.

220 RAILROAD ST. SE • PINE CITY, MN 55063 • (320) 629-7600 • Fax (651) 925-0071

MEDICAL INSURANCE FORM

☐ **Name of Insurance Company** _____

☐ **Address of insurance Company** _____

_____

☐ **Phone number of insurance Company** _____

☐ **Policy #** _____ **Group number** _____

☐ **Name of insured** _____ _____ _____
First **Middle** **Last**

☐ **Address of insured** _____

_____

☐ **Phone number of insured** _____

☐ **Birth date of insured** _____

☐ **Social Security # of insured** _____

☐ **Place of employment of insured** _____

☐ **Employment address** _____

_____

☐ **Insured child=s name** _____