

WELLNESS CHIROPRACTIC CENTER
543 THIRD STREET SUITE A-3
LAKE OSWEGO, OR 97034
(503) 636-6186

INSURANCE INFORMATION

Primary Insurance Company Name: _____

Address: _____ City: _____ State _____

Zip: _____ Telephone: _____ Contact: _____

Policy Holders Name: _____ ID#: _____

Self ___ Spouse ___ Child ___ Parent ___ Other ___

Group Name: _____ Group #: _____ Plan Code: _____

Coverage: Group ___ Individual ___ Auto ___ Other ___

Insurance Type:

Commercial ___ Medicare ___ BC ___ WC ___ HMO ___ PPO ___

If due to an accident, please give date: _____