



COMMUNITY REHAB PHYSICAL THERAPY

MILLARD
4110 South 144th Street
Omaha, Nebraska 68137
(402) 861-6683
(402) 861-6689 – fax

VALLEY
208 N. Spruce St.
Valley, NE 68064
(402) 359-1378
(402) 359-1598-fax

LAVISTA/PAPILLION
8002 South 84th Street
LaVista, Nebraska 68128
(402) 331-6444
(402) 331-9080 – fax

FREMONT
410 E. 22nd St.
Fremont, NE 68025
(402) 721-3908
(402) 721-4047- fax

NORTHWEST – OMAHA
14450 Eagle Run Drive #130
Omaha, Nebraska 68116
(402) 504-1330
(402) 504-1335-fax

BELLEVUE
1103 Galvin Road S # A
Bellevue, NE 68005
(402) 408-0890
(402) 408-0992 - fax

PLATTSMOUTH
2380 West 8th Ave. #8
Plattsmouth, NE 68048
(402) 296-3433
(402) 296-3531-fax

DOWNTOWN
2027 Dodge St.
Omaha, NE 68102
(402)884-8775
(402) 884-8632-fax

SIOUX CITY
3111 Gordon Drive
Sioux City, IA 51105
(712) 277-0507
(712) 277-0456–fax

ELKHORN
1408 Veterans Dr #102
Elkhorn, NE 68022
(402) 289-3288
(712) 277-0456–fax

Additional Insurance Information Sheet

Insurance carriers are requiring specific information to process and issue payment for claims received from our office. Please fill in the following information in its entirety. If this information is not provided and your insurance company denies payment due to the omission of this information, payment of those charges will be your responsibility. Thank you for your cooperation in this process.

Date _____ Patient's Name _____

Person Responsible for Payment:		Relationship to Patient:	
Address:	City	State	Zip Code
Home Phone:	Cell Phone:		
Email Address:			
Employer Name:		Work Phone:	

Primary Insurance Company:		Policy #	
Insured's Name:		Relationship to Patient:	
Insured's Address:	City	State	Zip Code
Home Phone:	Cell Phone:		
Insured's Date of Birth:	Insured's Social Security #		
Insured's Email Address:			
Insured's Employer Name:		Work Phone:	

Secondary Insurance Company:		Policy #	
Insured's Name:		Relationship to Patient:	
Insured's Address:	City	State	Zip Code
Home Phone:	Cell Phone:		
Insured's Date of Birth:	Insured's Social Security #		
Insured's Email Address:			
Insured's Employer Name:		Work Phone:	