



Kevin Bird, M.S., P.T. | Bria Livingston, D.P.T | Julianne Fisher, D.P.T, ATC | Jessica Lemus, D.P.T.

Insurance Information

Patient name: _____ DOB: _____

Primary Insurance Carrier: _____

Policy Holder: _____ Relationship to insured: _____

DOB: _____ SS#: _____ Phone #: _____

Address: _____

Secondary Insurance Carrier: (If applicable) _____

Policy Holder: _____ Relationship to insured: _____

DOB: _____ SS#: _____ Phone #: _____

Address: _____

535 Gateway Drive

Lawrence, KS 66049

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