

Notification of Commencement of Medical Treatment 21 Day Notice

Gupta Institute for Pain, Wellness & Rehabilitation



951 Berlin Road, Cherry Hill, NJ 08034

Dear Insurer:

You are hereby placed on notice of our intent to treat the below mentioned patient. Please direct all medically related calls to our main office number:

Phone: 856-482-7246 , Fax: 856-482-7245

Please direct all billing and pre-certification related inquires to our billing department at:

Phone: 856-482-7246 , Fax: 856-482-7245

Attached is a copy of the patient's assignment of benefits. Unless we hear from you within 5 business days, we will assume the assignment is accepted.

Patient Info	
PATIENT NAME	
ADDRESS	
INSURANCE CARRIER	
CLAIM NUMBER	
POLICY NUMBER	
DATE OF FIRST TREATMENT	
DATE SENT	
DATE OF LOSS	