PATIENT PRIVATE HEALTH INSURANCE VERIFICATION FORM

Does your Ins. Policy cover Massage Therapy performed by an LMP? Yes No

Does treatment have to be referred? Yes No

Does treatment have to be prescribed? Yes No

Who can refer/prescribe Massage Therapy? : PCP MD DC ND

Who is the Primary Care Physician (PCP) ?_____ Phone#_____

Does the plan require **pre-authorization**? Yes No

Who is responsible for pre-authorization? The Doctor The Massage therapist

What is the address, phone#, fax# authorization and reports should be sent to?

_____

_____

What is the annual Massage benefit limits?_____
($ amount and/or # of treatments)

Do the benefit limits include treatment by a P.T. and/or a D.C.? Yes No

What is the deductible?_____ has it been met? Yes No
if No, remaining amount _____

Is there a co-pay? Yes If yes, how much?_____ No

Does the LMP have to be a Preferred Provider? Yes No

Is _____ LMP on the list? Yes No

Are there "out of network" benefits? Yes No
if yes, what %_____
is the deductible the same? Yes No
if no, Amont_____
is the annual Massage benefit limit the same Yes No

Where should claims be sent?_____

_____

Date_____ Person you spoke with_____

_____
Patient Signature