

Patient's Name _____

Phone _____

PATIENT PRIVATE HEALTH INSURANCE VERIFICATION FORM

Holistic Bodywork will bill most insurance companies as a service to you. However, all plans are different and subject to change. We don't routinely call insurance companies for each client, as we find that it is a much more empowering and informative experience for you. Below is a list of questions to ask your insurance company so you may determine out-of-pocket costs.

Please complete the following information and bring this form in at the time of service.

Does your insurance policy cover Massage Therapy performed by a LMP? Yes _____ No _____

Does Treatment have to be prescribed? Yes _____ No _____

Does Treatment have to be referred? Yes _____ No _____

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

Who can prescribe/refer Massage Therapy? _____

Who is the Primary Care Physician (PCP)? _____

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

Do the benefit limits include treatments by a P.T., D.C. and/or Acupuncturist? Yes _____ No _____

What is the deductible? _____ Has it been met? Yes _____ No _____

* If the deductible has NOT been met? What is the remaining amount? _____

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

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

Are there "out of network" benefits? Yes _____ No _____ If Yes, what %? _____

Is the deductible the same? Yes _____ No _____ If no, the amount? _____

Is the annual massage benefit limit the same? Yes _____ No _____ If no, the amount? _____

AUTHORIZATION and REPORTS should be sent to:

Insurance Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

CLAIMS must be sent to:

Insurance Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Person you spoke with _____ Date ____/____/____ Time ____:____ AM / PM

Patient Signature

Holistic Bodywork Staff Signature

This information does not guarantee payment. Please let us know if there are any changes to your insurance benefits and information.