

PATIENT PRIVATE HEALTH INSURANCE VERIFICATION

Does your insurance policy cover massage therapy performed by a licensed massage therapist? yes no

Does treatment have to be referred? yes no

Does treatment have to be prescribed? yes no

Who can refer you for massage therapy? PCP MD DC ND

Who is your Primary Care Physician [PCP]?
[Name/Address/Phone]

Does your plan require preauthorization? yes no

Where should reports be sent?
[Name/Address/Phone]

What is your annual massage benefit limit? # \$

Do the benefit limits include treatment by a Physical Therapist, Chiropractor or Acupuncturist? yes no

What is your deductible? \$

Has it been met? yes no

If no, remaining amount \$

Do you have a co-pay? yes no

If yes, how much? \$

Does the massage therapist have to be a preferred provider? yes no

Is Victoria Johnson, LMT on the list? yes no

Are there "out of network" benefits? yes no

If yes, what % %

Is the deductible the same? yes no

Where should claims be sent?
[Name/Address/Phone]

Person with whom you spoke _____

Date _____

Signature _____