

Insurance Verification Form

Completion Required by Patient to choose to Bill Insurance for Massage Therapy

As a patient at Intuitive Touch Massage, **you are responsible for contacting your health insurance company to confirm the details of your coverage.** Being informed allows you to plan your health care accordingly and avoid unexpected bills. Please complete this verification form, and present it at your first appointment. You are responsible for any charges not paid by your insurance.

Patient Name: _____ DOB: _____

Member ID #: _____ Group #: _____

Name of Insurance Company: _____ Customer Service Phone # _____:

Step 1: A. Use your insurance's online resources to verify benefits, proceed to steps 4 & 5. **OR B.** Call the customer service number on the back of your insurance card and speak with a live representative.

Step 2: Request benefit information for "Massage Therapy" in an Office Setting."

Step 3: Ask if Massage is covered under your benefits _____ if so, ask: how many sessions per calendar year: _____, does it requires a doctor's referral? _____ (if yes, see * below) Does it require preauthorization? Preauthorization code: _____

***PLEASE NOTE: You must bring your doctor's note and/or preauthorization with you to your first visit. Referrals are NOT LIMITED to primary care physicians: GP / MD / DC / DPT / GYN / SPECIALIST / ETC.**

Step 4: Ask the Customer Service Representative the following questions:

- Representative's Name: _____ Preauthorization # _____
- **Deductible Amount:** \$ _____ **Deductible paid to date:** \$ _____
- **Co-pay** (due at the time of service): \$ _____
- Is my Massage provider **Julie Stewart LMP IN-NETWORK?** ____ If not, do I have **OUT-OF-NETWORK** benefits? _____ **Out of Network Benefits:** Deductible \$ _____ Co- pay\$ _____
Co-Insurance \$ _____ Preauthorization #: _____

Step 5: Ask the Customer Service Representative and **mark** what **billing codes**, listed below, are accepted to bill for massage therapy. Specify allowable units and limits if there is a cap.

____ **97140** Therapeutic Procedure, 15 minutes. Mobilization, manipulation, manual lymphatic drainage, manual traction, one or more regions.

Maximum Billable Units: _____ **Limitations:** _____

____ **97010** – Hot/Cold Packs

Maximum Billable Units: _____ Limitations: _____

____ **97124** -Therapeutic Procedure, 15 minutes. One or more areas, including effleurage, petrissage and/or tapotement, compression, percussion

Maximum Billable Units: _____ **Limitations:** _____

____ **97122**- Therapeutic Procedure, 15 minutes. One or more areas, Neuromuscular re-education of movement, balance, coordination, kinesthetic sense, posture and proprioception.

Maximum Billable Units: _____ **Limitations:** _____