



Health Insurance Verification Questionnaire

Betsy George, Licensed Massage Therapist

In order to process your claim successfully, please talk with your insurance company and find out the following information.

1. Does your health insurance cover massage therapy performed by an LMP?
2. Does the treatment require a referral?
3. Does the treatment have to be prescribed?
4. Who can refer/prescribe massage therapy? (Circle as many as apply.)
Primary Care Physician M.D. D.C. Naturopathic Physician
5. Who is the Primary Care Physician? Phone number?
6. Does the plan require pre-authorization?
7. Who is responsible for the pre-authorization? (Circle one.)
Physician Massage Practitioner
8. What is the address or fax# that pre-authorizations should be sent to?
9. What is the annual allowed massage benefit? (number of sessions or dollar amount)
10. Do the benefit limits include treatment by a physical therapist or chiropractor?
11. What is the deductible? _____ Has it been met? _____
If no, remaining amount _____
12. Is there a co-pay? _____ If yes, how much? _____
13. Does the LMP have to be a preferred provider? _____
14. If not, are there out of network benefits? _____
If yes, what percentage? _____
Is the deductible the same? _____
If no, what is the dollar amount? _____
Is the annual massage benefit the same as for an in network provider? _____
15. Where should claims be sent? _____

Date _____ Person you spoke with _____

Patient Signature _____