



# Phone Verification of Coverage

Return Fax 888-455-8560

Today's Date \_\_\_\_\_

Therapist name \_\_\_\_\_

## Patient Information

Patient Name: \_\_\_\_\_ Primary Phone \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_

We must have date of birth to properly look up patient with Insurance Company

Email: \_\_\_\_\_ (enter only if you would prefer contact via email)

## Insurance Company Information

Provider (insurance co.) \_\_\_\_\_

\*\*\*  
Phone Numbers: \_\_\_\_\_

Insured's Name \_\_\_\_\_

If different than Patient

Policy No. \_\_\_\_\_

Group/ Member # \_\_\_\_\_

MVA Claims or Workers Compensation: Claim Number: \_\_\_\_\_

Date of Injury: \_\_\_\_\_

Adjuster \_\_\_\_\_ Adjuster contact Number \_\_\_\_\_

Workers' Comp  PIP  M/M  Other  \_\_\_\_\_

Does policy cover Codes: 97124  97140  or other Physical Medicine Codes? Y  N  If No, why?

If performed and billed by a licensed massage therapist? Y  N  If No, why?

Deductible \_\_\_\_\_ Met \_\_\_\_\_

COVERAGE: 100% 80% 70% 60%  Other: \_\_\_\_\_

Out of Pocket \_\_\_\_\_ Maximum benefit for year \_\_\_\_\_

Additional coverage if auth by a physician \_\_\_\_\_ Limit \_\_\_\_\_

Accept assignment? \_\_\_\_\_ Based on medical necessity \_\_\_\_\_ Needs Rx Y  N

Special Instructions: \_\_\_\_\_

Mail claims to: \_\_\_\_\_

Fax Documents to: \_\_\_\_\_ Payer ID # \_\_\_\_\_

Spoke with: \_\_\_\_\_ Time: \_\_\_\_\_ Date: \_\_\_\_\_

Office Use Only

Revised 5/11

Please get EVERY number which appears on ins. card. An incorrect group/id number will cause delays in payments.

\*\*\*The number we need is for PROVIDER SERVICES. Not member services, not mental health. Please LOOK at the card and copy the front and back whenever possible. If unsure, write all numbers, but clearly identify what each number is for. Incorrect phone numbers and incorrect patient information take up tremendous amounts of phone time. Please copy patient info CAREFULLY. If patient is unsure if they may go out of network, look that card does not say HMO. We are NOT providers at this time can only verify and accept Out of Network Plans. \*\*