



For Office Use

Date: _____

Callback Date: _____

C.S. _____ O.A. _____

Insurance Verification Form

Verification is not a guarantee of benefits. Co-pays and coverage is subject to change by the insurance companies. It is the client's responsibility to know and understand their insurance coverage and policy. In some cases, it might take a few days to get in contact with the insurance adjuster. Until insurance coverage is verified, clients can opt to do an insurance reimbursement appointment or can schedule an appointment after verification of coverage has been made.

Client Information

Client Name: _____ Phone Number: _____

Client DOB: _____ Email: _____

Address: _____

Insurance Information

Insurance Company: _____

Member ID Number: _____ Group Number: _____

Is this in relation to a MVA / WC / PIP Date of Injury: _____ State: _____

Claim Number _____

Insurance Adjuster Name: _____ Phone Number: _____

Insurance Co Address: _____

Coverage

Massage Coverage: Y / N

IN NETWORK

Copay / Coinsurance: _____ Deductible: _____

Visits/yr: _____ Accum.: _____ Benefit Max: _____ Accum.: _____

Out of Pocket Max: _____ Accum.: _____

Coverage Dates: _____ Referral / Medical Necessity?: Y / N

OUT OF NETWORK

Copay / Coinsurance: _____ Deductible: _____

Visits/yr: _____ Accum.: _____ Benefit Max: _____ Accum.: _____

Out of Pocket Max: _____ Accum.: _____

Coverage Dates: _____ Referral / Medical Necessity?: Y / N

Notes: