

Foster Wellness, PLLC

Greg Lewerenz, LAc, LMP • 4300 – 36th Ave W, Ste 130, Seattle WA 98199
(206) 856-4096 • info@fosterwellness.com
Tax ID/EIN: 26-4742293

Patient Health Insurance Verification Form: Massage Benefits

Please note: This form is provided as a courtesy by Foster Wellness, PLLC, for your personal reference. It provides key questions to ask your insurance representative in researching your health insurance benefits for coverage of massage which must be determined prior to your first visit for treatment.

While the information provided by your insurance company provides guidelines as to what they will and won't cover, ultimately your coverage is determined on a claim-by-claim basis at the time the claim is submitted. If all or part of your claim for a particular treatment is denied, you will be financially responsible for any services not covered by insurance.

If you have any questions, please contact Foster Wellness, PLLC, at info@fosterwellness.com or 206.856.4096.

1. Does your insurance policy cover massage services? Yes No

2. Is a referral/prescription required prior to receiving massage treatments? Yes No
*If yes, please also see below for prescription information and continue with question #2a.
If no, please skip to question #3.*

2a. If a referral is required, which type of healthcare provider can refer and prescribe massage services?

Primary Care Physician Naturopathic Physician MD Chiropractor Acupuncturist Other

2b. What is the name and phone number of the healthcare provider from whom you will obtain the prescription?

Name: _____

Phone: _____

3. Does your plan require preauthorization? Yes No
If yes, please continue with question #3a. If no, please skip to question #4.

3a. Who is responsible for obtaining the preauthorization? Primary physician Acupuncturist

3b. What is the address or fax number where the preauthorization information should be sent?

Address: _____

Fax: _____

4. What is your annual massage benefit limit? This may be limited by number of visits and/or dollar amount.

of visits per year: _____

\$ limit per year: _____

4a. Do the benefit limits for massage include treatments by a physical therapist, chiropractor, or acupuncturist? Yes No

4b. If yes, what is the total number of visits available for all included services? For example, your insurance company might offer 20 visits to "complementary medical providers" which would include a *combined total* of 20 visits to a chiropractor, massage therapist, and acupuncturist per year. _____

4c. How many of these total visits have been used this year? _____

Continued on reverse

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Patient Health Insurance Verification Form:
Massage Benefits Continued

- 5. Do massage benefits have any restrictions on what is covered (e.g., can massage only be used for treating pain) or are there other restrictions? Yes No
5a. If there are restrictions, what are they?
6. What is the annual deductible (if any)? \$
6a. How much of the deductible has been met? \$
7. Is there a copayment? Yes No
7a. If yes, what is the copayment amount? \$
8. Does the acupuncturist have to be a "preferred provider?" Yes No
8a. If yes, is Greg Lewerenz (Tax ID/EIN: 26-4742293) listed as a "preferred provider?" Yes No
8b. If Greg Lewerenz is not listed as a "preferred provider," are there "out of network" benefits? Yes No
8c. If yes, what are those benefits?
Percentage of coverage: %
Deductible: \$
Annual benefit limit: \$

Other reference

Prescription/referral information

It is common for insurance companies to require specific information on the patient's prescription for massage. If you are required to obtain a prescription, please confirm the prescribing physician has included the following:

- Patient's name
- Patient's date of birth
- Patient's insurance ID number
- Authorizing physician/ordering provider
- Dates the referral is active
- Frequency of visits (as applicable)
- Diagnosis of condition being treated and related codes (e.g., low back pain, code 724.2)