

Luminous Roots

Private Health Insurance Verification Form

All insurance companies require a prescription for massage.
Asking these questions will help us better understand your massage coverage.

Name of Insurance Company _____ Date: _____

Person you spoke with on the phone _____

Does your insurance policy cover massage therapy performed by an LMP? Yes No

Does my insurance plan require preauthorization for physical medicine? Yes No

What is the annual massage benefit limit? _____

Do the benefit limits include treatment by a PT, DC or Acupuncture? Yes No

Do you have a copay? Yes No If yes, how much is the copay? _____

Does the LMP have to be a preferred provider? Yes No

Is Cypress Mendoza preferred? Yes No

Are there out of network benefits? Yes No If yes, what is the percentage? _____%

Patient Signature: _____