

**Questions to ask your insurance company before arranging medical massage
intended to be covered by medical insurance:**

Do I have massage therapy benefits? Yes No

Is preauthorization required for coverage? Yes No

Do I have a deductible? Yes No Annual deductible _____

Have I met it yet? Yes No Balance remaining _____

Is it per calendar year (ie: January-December)? Yes No Other _____

Is there a limit to the number of visits I can receive? Yes No Number of visits _____

Is there a maximum dollar amount per year that my plan will pay towards this treatment? Yes No \$ _____

What percentage does my insurance cover? (this is only if you are submitting the bills yourself) _____ %

Do the benefit limits include treatment by a Physical Therapist, Acupuncturist or Doctor of Chiropractic? Yes No

Do I have a copay for each visit? (this is only if you are submitting the bills your self) \$ _____

Do I need a prescription from my doctor or chiropractor to make the visit medically necessary? Yes No

Are there 'Out of Network' benefits for Massage therapy? Yes No What % _____

If there are 'O.of N.' benefits,

 What are the annual deductible? _____

 Limit to the number of visits? _____

 Maximum dollar amount per year? _____

Do the 'O. of N.' benefit limits include treatment by a Physical Therapist, Acupuncturist or Doctor of Chiropractic? Yes No

AUTHORIZATION and REPORTS should be sent to:

CLAIMS should be sent to:

Insurance Name _____

Insurance Name _____

Address _____

Address _____

City _____ State ____ Zip ____

City _____ State ____ Zip ____

Phone _____ Fax _____

Phone _____ Fax _____

Person you spoke with _____ Date __/__/__ Time ____:____ AM/PM

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