

RECLAIMING
Healing Arts

Insurance Verification Form + Financial Agreement

Jamie Smith/Reclaiming Healing Arts provides courtesy insurance billing. It is up to you, the client, to determine your insurance coverage, including any deductible or maximums allowable. In order to ensure you are aware of your benefits we recommend you go through the following procedure before your visit. If insurance payment is denied, it is your responsibility to pay the balance due. Please be aware that insurance companies do not always provide accurate information, and may not honor benefits quoted.

Signature X _____ Date : _____

Name : _____ Date of Birth : _____

Address : _____

Phone : _____ Email: _____

- For Auto Insurance please complete parts 1,3, and 4
- For Health Insurance please complete parts 2,3, and 4

Part 1 : Auto Insurance

Name of Insurance Co. : _____

Address : _____

Contact Person : _____ Phone: _____

Name of Insured : _____ Relation to Patient: _____

Claim/Policy # : _____ Date of Injury : _____

Referring Physician : _____ Phone : _____

Attorney [if applicable]: _____ Phone : _____

Part 2 : Health Insurance Info

Name of Insurance Co: _____

Address: _____

Contact Person : _____ Phone : _____

Name of Insured : _____ Relation to Patient: _____

ID # _____ Group # _____

Part 3: Insurance Coverage Benefits

Name of Insurance Co: _____

Spoke with : _____ Date : _____

Phone # _____ Reference/Call # _____

Is massage therapy covered by this insurance policy? Y / N

Can a licensed massage therapist provide these services? Y / N
Is there a co-pay for services? Y / N \$ _____
What percentage of the billed charge is paid after the co-pay? % _____
Is there a deductible that must be reached before payment is made? Y / N \$ _____
Has it been reached? Y / N Remaining Amount \$ _____
Are there any limitations on the coverage? Y / N
of visits _____
Dollar Max _____

Is a referral required? Y / N [A prescription is always required for Auto Insurance by a licensed medical provider]
Is there a difference between in -network and out of network coverage? Y / N
Is Reclaiming Healing Arts In Network or Out of Network? [circle one]
Are soap notes required for billing? Y / N
Is a HCFA required for billing? Y / N
Is a prescription required for billing Y / N

What is the billing address:
Address _____

Fax # _____ Email _____
Electronic Payer ID # _____

Part 4: Authorization

I authorize the release of medical records necessary to process this claim. I authorize payment by insurance company be made directly to the provider of services.

I understand the fees for services rendered will be billed directly to the above listed insurance company. I understand that I will be held responsible for any fees unpaid or not covered by the insurance company.

Name : _____
Signature : _____ Date: _____