

Seattle:
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Seattle, WA 98103

Transitions Bodywork
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GCFP, COMS, LMT
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Eastside:
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Primary Insurance Information

<u>Primary Medical Insurance</u>	
Plan Name:	ID#(incl prefix):
Ins. Co. Phone: - -	Group #:
Relationship to Insured: Self <input type="checkbox"/> Child* <input type="checkbox"/> Spouse* <input type="checkbox"/> Other* <input type="checkbox"/>	
*Insured's Information (if other than self):	
Name:	Birthdate: / /
Address:	City/Zip:
*Is there Secondary Insurance: Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please request "PIP, L&I, Secondary Insurance")	

Client is responsible for gathering and completing all information in the box below prior to their first appointment, possibly by calling their insurance company.

*Insurance coverage for therapy, by a massage therapist , confirmed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Outpatient Rehabilitation includes Massage Therapist as category of provider? Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Barbara Alexander, LMT – In Network: <input type="checkbox"/> Out-of-Network: <input type="checkbox"/>	
*Coinsurance/Copay Amount ____ *Physician prescription already acquired: Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Is "Pre-Authorization" or "Medical Necessity Review" required: Yes <input type="checkbox"/> No <input type="checkbox"/>	
*Yearly maximum number of treatments, or annual dollar limit for this therapy: _____ (Note – maximum number treatments may include therapies, i.e., PT, Speech, OT, etc.)	
*Referring Physician:	*Phone: - -

Prescription/Referral

Short story – **services billed to insurance require a prescription, at the first session!**

Long story – Customer service or physician office staff might state "no referral is needed", but they are not billing experts. They might be referring to "no referral needed to see a specialist". Massage therapists are not considered specialists. LMTs are not allowed, or trained, to diagnosis, yet a diagnosis code is required when submitting billing. A physician signature on the prescription (might also be called a referral in an office system) also lends credence to any patient claim that services are medically necessary. No company allows massage therapy for "prevention or maintenance".

Note - Failure to provide a referral/prescription at time of service will require out-of-pocket payment. A receipt will be available for your medical expense records.

Category of provider

Please, for your own sake, verify that massage therapy (**by a licensed massage therapist**) is covered as a category of provider in Outpatient Rehabilitation.

Recent disappointments and out-of-pocket charges to the client have resulted from customer service reps at insurance companies stating "yes, massage therapy, CPT code 97124, is covered". Only to find out later, that CPT code for massage therapy is only covered if performed/billed by a Physical Therapist, DC or ND.

_____ **Patient initial**