

# 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

List all doctors that can refer/prescribe massage therapy? \_\_\_\_\_

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: \_\_\_\_\_