

Body Mechanics
Massage Therapy
Phone (417)719-1591
Fax (417)719-7913

Name: _____ Phone: (____)_____-_____
Address: _____ Date of Birth: ____/____/_____

Insurance Company: _____

Policy Number: _____

Questions to ask your insurance company:

- 1) Do I have massage therapy benefits? Yes / No
- 2) Do I have a deductible? Yes / No Annual deductible \$ _____
- 3) Have I met it yet? Yes / No Balance remaining \$ _____
- 4) Is it per calendar year? Yes / No Other _____
- 5) Is there a limit to the number of visits I can receive? Yes / No # _____
- 6) Is there a max dollar amount per year? Yes / No \$ _____
- 7) Do I need a prescription from my doctor? Yes / No
- 8) Do I have out-of-network benefits for massage therapy? Yes / No

Insurance usually requires prescriptions to include:

- 1) Diagnosis Codes (ICD-10 format)
- 2) Frequency and Duration of Treatments
- 3) Total Number of Treatments
- 4) Physician's Name and NPI# (Doctor's ID#)
- 5) State That "Massage Therapy Is Medically Necessary".

Please send this form and the prescription or order sheet to:

Fax: (417)719-7913

or

Email: info@springfieldbodymechanics.com

or

Mail to: Body Mechanics
1440 W. Republic Rd. Unit 112
Springfield, Mo. 65807