



# Divine Lotus Massage

1001 Washington St. Suite 3  
Eugene, OR 97401  
Phone: 406.788.1660

## Health Insurance Coverage Verification Form

Please call your insurance company to obtain the following information - For Insurance Verification Use Only

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Member ID # \_\_\_\_\_ Group or Plan # \_\_\_\_\_

Insurance Company \_\_\_\_\_

Address \_\_\_\_\_

Customer Service Phone # \_\_\_\_\_ Insurance Fax # \_\_\_\_\_

Primary Subscriber (if not Patient) \_\_\_\_\_ Employer \_\_\_\_\_

SSN of Insured \_\_\_\_\_ D.O.B. of Insured \_\_\_\_\_

Insured Relationship to Patient \_\_\_\_\_ Insured is ☐ Male ☐ Female

Does your plan have massage benefits? ☐ Yes ☐ No If yes:

	In-Network Benefits	Out-of-Network Benefits
Deductible - Amount met so far		
Co-pay - Co-insurance amount		
% Covered		
Maximum coverage \$ amount - \$ met so far		
Maximum # visits per year - # met so far		

Authorization Required? ☐ Yes ☐ No

Referral Required? ☐ Yes ☐ No

Subject to Pre-Existing? ☐ Yes ☐ No

Chart Notes Required? ☐ Yes ☐ No

Treatment Plan Required? ☐ Yes ☐ No

Notes: \_\_\_\_\_

Beginning date of coverage : \_\_\_\_\_ Ending date of coverage : \_\_\_\_\_

Annual date of renewal: \_\_\_\_\_

Representative Spoken with: \_\_\_\_\_ Date: \_\_\_\_\_