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INSURANCE BENEFIT VERIFICATION

Name: _____

DOB: _____

Insurance Company: _____

Insurance ID #: _____

Insurance Phone number: _____

Call Reference number: _____ Date of Call: _____

Agents Name: _____

Do I have massage benefits? _____

Do I need preauthorization? _____

What are my massage benefits? _____

How much of my benefits have been used? _____

What is my deductible? _____

How much of my deductible has been met? _____

Do I have a copay? _____ How much is my copay \$ or %? _____

Due to the recent changes with the Physical Medicine Program with Regence BlueShield effective 7/1/15, we are requiring a waiver to be signed.

I have been informed by my massage therapist there is an authorization process (clinical submission and medically necessary review) that is required by Regence BlueShield/EviCore Healthcare, before I may use my massage benefits.

Regence BlueShield will only pay for the services that are approved and medically necessary through EviCore Healthcare.

If EviCore Healthcare, determines that a particular service although it would otherwise be covered, is not reasonable or necessary under their policy, Regence BlueShield and/or Premera may deny payment for that service.

“If Regence BlueShield deny payment for any reason, I agree to be personally responsible for payment”

Patient Signature