Colleen Shea Massage
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(415) 577-5787
Colleen Shea LMT OR 16847

Insurance Intake form

Thank you for your interest in using your insurance benefits with us! Please help us verify your benefits by taking a few moments to fill out the first section of this form and emailing it back to us at colleen.s.shea@gmail.com. Once we have received your completed insurance packet we will verify your benefits within two business days and we will contact you via email to share the information with you and help you book your appointment with us! Have a great day and thank you for choosing us!

Section 1

Name:_____
Date of birth:_____ Phone Number:_____
Address:_____

Insurance Information for health insurance:

Insurance company name:_____
Member ID:_____
Group number:_____
Insurance company contact number on the back of card:
Name of insured if other than yourself:_____

Insurance Information for MVA or Workers Compensation Claims:

Insurance company name:_____
Claim Number:_____
Adjuster's Name:_____
Adjuster's Phone Number:
Date of Accident:_____

Section 2: FOR INTERNAL USE ONLY, DON'T FILL THIS OUT

Health Insurance Verification

Is the provider in network (Y/N):_____
Is the client covered for massage by a licensed massage therapist?_____
Does the client need a prescription or referral for massage?_____
What is the co-pay amount?_____
How many visits per year is the client allowed?_____
How many visits have been used?_____
Are the visits shared with other types of practitioners?_____
Is there a deductible?_____
Has it been met?_____
What is the renewal date for the insurance plan?_____
Does this client's plan require a pre-authorization?_____
If so how do you pre-authorize?
Pre-authorization number and information:_____
Reference # for the call_____ Name of the person you spoke to_____

MVA or Workers Comp Verification

Is the claim open and active? _____
Are there funds available? _____
Will the client be covered for massage by an LMT? _____
Will the client need a prescription? _____ What fax number do I send the claims to? _____