



Gaelana Healing Arts Center

4160 SE Division Street | Portland, OR 97202

www.gaelanahealingarts.com

(503)564-0179

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: _____