



s. 4004 SE Woodstock Boulevard
Portland, Oregon 97202

Phone: (503)777-0444
Fax: (503)777-0445

info@portlandfamilyhealth.com

Insurance Information

Patient Name: _____ Date of Birth: _____
 ID #: _____ Group or Plan#: _____
 Insurance Company: _____ Ins Phone #: _____
 Primary Subscriber (if not Patient): _____ DOB of Insured: _____
 Insured Relationship to Patient: _____ Insured is: Male Female

Please call your insurance company to obtain *all* of the following information

1. Does your plan have benefits for:

Notes

Chiropractic? Yes No _____
 Massage? Yes No _____
 Acupuncture? Yes No _____
 Naturopathic? Yes No _____
 Counseling? Yes No _____

	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		

If there is ANY coverage for massage:

Notes

2. Can it be performed by an LMT? Yes No _____
 3. Will these CPT codes be covered when billed up to 4 units?
 97124 Yes No _____
 97140 Yes No _____
 97112 Yes No _____
 97110 Yes No _____

4. Date of annual plan renewal: _____ *Thank You for taking the time to do this, it really helps us!*