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*Please bring this form with you to your appointment. If you have trouble getting the information you need, please feel free to call the clinic for assistance.*  
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Please be aware that this is not a guarantee of payment. If an insurance company provides you with inaccurate information, they may not honor benefits quoted.

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**NOTE:** 24 hour notice is required for cancellation or \$45/60 min & \$60/90 min will be charged to patient.

**HOW DO I CHECK MY INSURANCE BENEFITS?**

Darling Chiropractic & Massage will gladly bill your insurance for your visit; however, it is the patient's responsibility to be aware of their coverage and co-pay, as well as any deductible and maximums.

Please follow steps 1-8 when calling to find out benefits and eligibility. First, call the number on your insurance card listed for customer/member service, benefits and eligibility, or subscriber services and ask the representative the following questions:

**STEP 1**

**Do I have Massage Therapy coverage with an L.M.T. (Licensed Massage Therapist)?**

**YES**, continue with questions 2-8  
**NO**, stop here — *Note: You do not need to have massage coverage to receive a massage.*  
Time of Service Rates: 30 min = \$50 / 60 min = \$80 / 90 min = \$115

**STEP 2**

**When does my coverage begin and when does it renew?**

Beginning date of coverage: \_\_\_\_\_ Date benefits renew: \_\_\_\_\_

**STEP 3**

**Do I need a referral and/or authorization for the massage service?**

*\*\*BOTH a referral and/or authorization may be obtained by the clinic.*

If **YES** for Referral - Do I need a referral from my chiropractor or an M.D.?

If **YES** for Authorization - What company is the authorization needed from?  
\_\_\_\_\_

**STEP 4**

**What are my benefits for Massage Therapy Services?**

Co-Insurance: \$\_\_\_\_\_ Co-Pay: \$\_\_\_\_\_ Yearly Max: \$\_\_\_\_\_ Visit Max: \$\_\_\_\_\_

**STEP 5**

**What is my deductible for the year and how much has been met so far?**

Deductible: \$\_\_\_\_\_ Amount of Deductible met so far: \$\_\_\_\_\_

Date the deductible restarts: \_\_\_/\_\_\_/\_\_\_

Are Massage Therapy services subject to this deductible? Yes No

**STEP 6**

Date and name of representative: \_\_\_\_\_

Call reference number: \_\_\_\_\_

**STEP 7**

Address for the Claims submission: \_\_\_\_\_  
\_\_\_\_\_

**STEP 8**

**Please mark which massage providers are In-Network or are Preferred Providers:**

Samantha Van Dinter      Dustin Burbaker  
Kris Good                      Mackenna Luttrell