

Insurance Information (for FORM-1500)

Name: _____ Date of Birth: _____ Sex: M F

Insured's Name: _____

If the two names are different, please provide the following information. Otherwise leave blank.

Insured's Address: _____ City _____ State _____ Zip _____

Insured's Phone: _____

Insured's Date of Birth: _____ Sex: M F

Your relationship to the Insured: Self Spouse Child Other

Date of Injury: _____

Is your condition related to:

1. Employment? (Current or Previous) Yes No
2. Auto Accident? Yes No The state where it occurred _____
3. Other Accident? Yes No

Insurance Company: _____

Claims Adjuster: _____ Phone Number: _____

Claim or Case Number: _____ Insured's Policy Group or FECA Number: _____

Insurance Plan name or Program Name: _____

Is there another health benefit plan? Yes No If yes, please provide the following:

Other Insured's Name: _____ Policy or Group Number: _____

Insurance Plan name or Program Name: _____

Name of Referring Provider: _____ Phone: _____

Do you have a letter of referral or prescription? Yes No

If no, please obtain one from your healthcare provider who is allowed to prescribe (physician, nurse practitioner, chiropractor, naturopathic physician). You and your referring provider will determine what is best for you with regard to treatment, but for Deborah to have clear parameters, any letter of referral or prescription must include:

- Frequency: How often the referring provider wants you to see Deborah each week (typically up to 2-3 times per week or as needed).
- Duration: How many weeks the treatment will occur (typically 6 weeks to 3 months).
- The reason for the referral.
- The words "massage therapy" (this term is more comprehensive and covers more treatment options than "massage").

Diagnoses & Diagnosis Codes:

To bill insurance for massage therapy, Deborah must have diagnosis codes from your referring provider. Please ask them to supply you with all diagnoses and diagnosis codes related to your condition (example: Low back pain - M54.5).

Diagnosis & Code	Diagnosis & Code	Diagnosis & Code
1. _____	3. _____	5. _____
2. _____	4. _____	6. _____

Assignment of Benefits / Information Release

ASSIGNMENT OF BENEFITS

Your Initials Here: _____

To the Insurance Company:

- From FORM 1500: "INSURED'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize payment of medical benefits to the undersigned supplier [Deborah Kimmet] for services described [on FORM 1500]." "PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: ... I also request payment of government benefits ... to the party who accepts assignment [on FORM 1500] [Deborah Kimmet]."
- I hereby direct and instruct the insurance company to make payments directly to the undersigned supplier for medical claims submitted by them on my behalf for medically necessary treatment. Provide Deborah Kimmet with any and all information regarding my policy benefits and coverages. Your denial or delay to do so in a timely manner will be considered just cause for myself or provider to file a complaint with the Insurance Commissioner. I hereby give my permission to the undersigned supplier to file this complaint on my behalf if deemed necessary.

RELEASE OF RECORDS

Your Initials Here: _____

To the Supplier of Services: Deborah Kimmet Massage & Movement, LLC:

- From FORM 1500: "PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE: I authorize the release of any medical or other information necessary to process this claim [on FORM 1500]."
- I hereby authorize you to release to any physician, healthcare provider, or insurance company involved in my case, any medical or other records or information necessary for the following purposes:
 - To process my claim. These records are to be utilized for the ultimate recovery of benefits in my case for the injury sustained on (date) _____.
 - To facilitate the treatment program provided by Deborah Kimmet Massage & Movement, LLC for the injury sustained on the date above.

I also authorize the providers listed below to release information to Deborah Kimmet Massage & Movement, LLC for the same purposes above.

Insurance Company: _____

Name of Referring Provider: _____

Other Healthcare Providers: _____

You will not release information to any attorney without my permission. I permit you to release information to the attorney named here: _____.

I have read and agree to the terms for the Assignment of Benefits and the Release of Records as described above.

Signature: _____ Date: _____

Print Name: _____

Supplier's Signature: _____ Date: _____

Cancellation & Payment Policies

For Insurance Clients

CANCELLATION & LATE ARRIVAL POLICY

- **At least 24-hour notice of cancellation is expected** to avoid paying the cost of the scheduled appointment time.
- **If a client is late for a session**, the late time will be deducted from the session time and the client will still be responsible for paying for the originally scheduled time.
 - An appointment is considered cancelled without notice if a client is 15 or more minutes late. To avoid automatic cancellation call or text Deborah before the 15 minutes have elapsed. The basic policy regarding lateness still applies.
- **COVID-19 / Other Illness Considerations.** This policy is for the health and safety of both parties to avoid spreading illness which can result in lost work days. Deborah will not knowingly expose her clients to illness and she expects the same of her clients.
 - A client should not schedule an appointment if they cannot pass the COVID-19 screening. And a client should reschedule as soon as possible if they no longer pass the screening.
 - If symptoms or exposure occur within the 24-hour window, the cancellation fee will be waived if the client cancels the appointment because within 24 hours of the appointment they were:
 - Diagnosed with or tested for COVID-19 or
 - Experiencing cold or flu-like symptoms (including fever, chills, cough, or sore throat), loss of taste or smell, or other COVID-symptoms (Note that COVID-19 has cold-like symptoms, so even if you think you have a cold, you do not pass the screening) or
 - Exposed to someone who meets the criteria above.
 - If a client is symptomatic when they arrive or does not pass COVID-19 screening, the session will be cancelled and the client will be assessed and will pay the cost of the scheduled appointment time.
- This policy is reciprocal: it applies to Deborah Kimmet as well.
 - If Deborah cancels without 24-hour notice, a free session equal to the time of the cancelled appointment will be offered.
 - If Deborah is late, the client will receive the full session time or the session fee will be prorated if the client is unable to stay later.
- As with all policies, there are exceptions and special cases. For more information see "Other Considerations" below.

Worker's Compensation Exception and Policy:

- It is illegal to charge an individual for a missed session. Therefore, if permitted by the insurance company, Deborah Kimmet will bill the insurance company for the missed session.
- A new physician's prescription for service may be required and sessions will be suspended until the prescription is obtained.

PAYMENT POLICY

A client is ultimately responsible for all charges incurred, whether or not insurance pays for the services rendered. For worker's compensation claims, by law, a client is not responsible for payment. In all other circumstances, where it is not prohibited by law, the client pays for any services received from Deborah Kimmet Massage & Movement, LLC if the insurance company doesn't pay.

I have read and agree to the terms of the cancellation and payment policies as described above.

Signature: _____ Date: _____

*A typed full name is also a valid signature.

Print Name: _____

Other Consideration for the Cancellation & Late Arrival Policy

This policy is designed to be fair to both the client and the practitioner. As such, other cases may arise when it would make sense to waive the policy:

- Medical emergency or death in the family.
- During winter weather advisories when warnings against non-essential travel are issued.
- On a case-by-case basis at the discretion of the practitioner.

Please contact Deborah to ensure you are not charged.

Antibiotics: A client taking antibiotics shouldn't receive a session near the beginning of the treatment course. General guidance is to wait until more than half-way through the course of treatment, but it depends on the type of antibiotic and at what point the antibiotic is at its most effective. If a client has signs of heat, fever, swelling, or pain, the session will be cancelled. Discuss this with Deborah per the 24-hour policy.