



# Insurance Verification Form

Thrive Integrative Medicine  
3835 Spenard Anchorage, AK 99517  
Phone: (907)274-9355 Fax: (907) 274-9345  
Email: hello@thriveak.com

**\*Please complete and return to Thrive before your first Massage Therapy/ Acupuncture appointment. \***

Thrive Integrative Medicine recommends that every patient call and verify that medical massage/acupuncture is covered by their insurance policy. The Member Services phone number can be found on the back of your insurance card.

The following information is helpful when verifying coverage:

1. The service is rendered by a Licensed Massage Therapist/Acupuncturist.
2. The service is performed in a stand-alone facility, without supervision.
3. The therapy has been ordered by a provider, and is part of a treatment plan.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Call Reference Number: \_\_\_\_\_ Agent Name: \_\_\_\_\_

**Massage Therapy coverage: Yes or No**

**97140** Manual Therapy Code (*this code is for all Thrive massage therapy services, i.e. rolfing, craniosacral, and myofascial therapy*)

Coinurance: \_\_\_\_\_ Copay: \_\_\_\_\_ Visit Limit: \_\_\_\_\_ Used: \_\_\_\_\_

Referral Required: Yes or No                      Prior Authorization Required: Yes or No

**Acupuncture Coverage: Yes or No**

**97810** Acupuncture w/o e-stim. **97811** Acupuncture w/o e-stim additional 15 minutes,

**97813** Acupuncture w/ e-stim, **97814** Acupuncture w/ e-stim additional 15 minutes

**97026** Infrared Therapy- TDP, moxibustion

Coinurance: \_\_\_\_\_ Copay: \_\_\_\_\_ Visit Limit: \_\_\_\_\_

Referral Required: Yes or No                      Prior Authorization Required: Yes or No

Are there any requirements for coverage (such as prior authorization or documentation of medical necessity, chiropractic same day visit)?:

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Thank you for choosing Thrive to be a part of your health care team!