

Massage Therapy: Statement of Services Rendered

(To be completed by Massage Therapy Provider)

Provider Information	
Name	
Address	
Telephone #	
Tax ID # (TIN, EIN or SSN)	
Patient Information	
Name	
Address	
Insurance Co.	
Insurance ID #	
Professional Services Rendered	
Date	
Diagnosis	(ICD-10 Required)
Service Description	
CPT Code	CPT-97124 (Work Inherent in Massage) CPT-97140 (Manual Therapy Technique) CPT- _____ (_____) <i>Circle Correct Code or Provide Alternative Code</i>
# of Units	(15 minute increments)
Price Per unit	\$
Total FEE for CPT Code	\$
Professional Services, Continued...	
Date	
Diagnosis	(ICD-10 Required)
Service Description	
Procedure Code	CPT-97124 (Work Inherent in Massage) CPT-97140 (Manual Therapy Technique) CPT- _____ (_____) <i>Circle Correct Code or Provide Alternative Code</i>
# of Units	(15 minute increments)
Price Per unit	\$
Total FEE for CPT Code	\$

Must be submitted with either a Member Claim Form OR Standard HCFA 1500

Instructions

This “Massage Therapy: Statement of Services Rendered” form is not valid for insurance claim purposes unless ALL information is provided, including the massage therapist’s tax ID number as well as diagnosis and procedure codes.

Massage Therapy claims submitted for medical insurance payment must include both:

1. A “Massage Therapy: Statement of Services Rendered” form OR an alternate document show all of the same information, AND
2. A Member Claim form OR a standard HCFA 1500 form. (If filing with a Member Claim Form confirm that the “Certification” box is signed correctly -- only sign and date the “Payment Instructions” box if insurer is to pay the *provider* directly.)

Failure to provide complete and accurate information when filing a medical insurance claim will result in delayed or denied insurance payment.