

Massage Therapy Prescription Submission Form

Premera Blue Cross
P.O. Box 91059
Seattle, WA 98111-9159
Customer Service: 1-800-722-1471



Please mail the completed form to the above address. A copy of the prescription for massage therapy service must be included.

Section A: Patient Information

Member/Patient name: _____

Member/Patient date of birth (mm/dd/yyyy): _____

Premera member identification number: _____

Section B: Referring Provider Information

Referring Provider name: _____

Referring Provider phone number: () _____

Section C: Prescription Information

Use the space below to attach your written prescription.
Please ensure the prescription is clearly legible to avoid it being returned.
The prescription must indicate a diagnosis (ICD-9 code), number of visits and a start date.

Note: Please note that this is not a pre-authorization of benefits, nor a guarantee of payments.

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