

American Specialty Health Network (ASHN)

New and Established Patients

This is to remind patients who have massage benefits under their private insurance company, your benefits are covered through a third party management company called American Specialty Health Network (ASHN).

We want to reiterate that all massage visits are subject to further investigation by ASHN to confirm your visits as a current **MEDICAL NECESSITY**. It is vital that you understand what your benefits consist of as you proceed with massage therapy. Your coverage eligibility under ASHN does not guarantee payment.

Our therapists do their best to treat you with the utmost care possible while abiding by your insurance coverage requirements. We are obligated to document each visit and share that information with ASHN. **ASHN requires our therapist to provide you with a "treat and release" method. Maintenance visits are NOT a covered benefit.** We have specific questions and topics provided by ASHN that we must address with patients during each visit. These questions/topics may consist of:

1. Reason for your visit (this must be medically necessary)
2. Onset date (current specific date)
3. If you are treating this injury with outside care (aside from massage therapy)
4. Your response to treatment
5. Goals to help reach improvement status
6. Proposed date of improvement

Due to the increasing number of ASHN Members, our office will be implementing a strict evaluation process to maintain appropriate approval from American Specialty Health. You may be subject to do a full evaluation by our head therapist before proceeding with massage therapy. This evaluation may take 10-15min. and will then be submitted to ASHN for an approval for ongoing massage therapy. It may take 3-7 business days before we get a response from ASHN. Until approval is granted, massage therapy can proceed as an out-of-pocket visit (\$65-80). Approvals are given in increments with a set duration period with-in your allotted benefits per year.

Should you have any questions regarding this process, we encourage you to contact American Specialty Health Network at (800) 972-4226. You may also express procedure concerns to your private insurance company or your health benefit coordinator.

Thank you for your continued patronage.

Healing Journey, LLC

I have been made aware of the ASHN approval process. I agree to be responsible for any decisions made prior to receiving treatment and will be held financially responsible for any decisions made by ASHN.

Patient Name(print) _____ / _____
(Signature)

_____ Date

Office Witness _____

_____ Date