Northern New England Benefit Trust
Massage Therapy Claim Form

Section 1 - Subscriber Information

Last Name	**First Name**	**M.I.**	**Social Security #**
Street Address	**City**	**State**	**Zip Code**
Phone Number ( ) -	**Employer**		

Section 2 – Claimant Information

If Claimant is the Subscriber, check here and skip to Section 3 → ☐

Last Name	**First Name**	**M.I.**	**Date of Birth**
Street Address	**City**	**State**	**Zip Code**
Relationship to Subscriber ☐ Spouse ☐ Child/Step-Child ☐ Other (describe)			**Phone Number** ( ) -

Section 3 – Itemized Claim Detail

Date of Service	Description of Service	Provider Charge

_____ **Number of Claims Listed Above** **Total Charges:** _____

Section 4 – Provider Information (to be completed by massage therapist)

Last Name	**First Name**	**M.I.**	**Tax ID/SSN**
Facility or Spa Name (if applicable)		**Phone #** ( ) -	
Street Address	**City**	**State**	**Zip Code**
Provider Signature X		**Date**	**License #**

By signing this form, the provider certifies that he/she provided the service(s) outlined in Section 3.

Section 5 – Certification and Authorization

I certify that the information provided on this claim is complete and accurate and I authorize the provider to release any information to NNEBT that would be necessary to process this claim.

Further, I understand that reimbursement will be made directly to the Subscriber listed in Section 1.

_____ _____

Claimant or Guardian Signature (if claimant under 18) **Date**

Send Completed Claim Form to:
NNEBT – Attn: Massage
PO Box 4604
Manchester, NH 03108