

Insurance Script to Check Nutrition Benefits

The purpose of this script is to give you guidance in checking your nutrition coverage and to ensure your appointment with us is covered by your insurance plan. We ask that you complete this prior to your appointment and bring this document with you to your first appointment.

Patient Name:	Patient Date of Birth:
Name of Insurance:	Insurance ID #:
Date and Time of Verification:	Insurance Representative's Name:

Liz Berman's NPI: 1679949143 Hillary Mamis NPI #: 1740617596 June Skuza'a NPI: 1003139429
 Shelley Woolsey's NPI#: 1578570214 Rhys Wyman NPI#: 1245369149

Call the member service number on your insurance card and ask:

1. Does my plan cover outpatient nutrition counseling? Specifically, procedure codes 97802 and 97803
 Yes No

2. Is my dietitian in network with my plan? Give the rep your dietitian's NPI number above.
 - a. If yes, is this coverage limited to specific diagnoses? Yes No
 - b. If you are seeing your dietitian for a medical diagnosis, please ask them for a diagnosis code to check with your insurance.
 - c. Is telehealth covered? Yes No
 - d. How many nutrition visits are allowed per year, or are there unlimited visits allowed with medical necessity? _____
 - e. What is my benefit period? (When do my benefits for this insurance plan start and end? For example, the calendar year on January 1st, or an academic year starting on July 1st, or some other month, like November 1st, or some other date?) _____

3. Do I have a deductible to meet first? Yes No If yes, how much is my deductible and how much has been met as of today? _____

4. Do I need a physician referral? Yes No

5. What is my copay for nutrition counseling? _____ If no copay, do I have coinsurance due after the deductible has been met? If yes, what is the %? _____

6. Can I please have a call reference number? _____

My signature certifies that I have read and completed this form to the best of my ability. I understand that if insurance denies coverage for a nutrition counseling session by any of the dietitians at Nutrition Factory, LLC, I am responsible for 100% of the payment.

Signature: _____ Date: _____