

## 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    Meghan Kenny's NPI #: 1043966740    Hillary Mamis' NPI #: 1740617596  
 June Skuza's NPI: 1003139429    Shelley Woolsey's NPI#: 1578570214    Rhys Wyman's 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 1<sup>st</sup>, or some other month, like November 1<sup>st</sup>, 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: \_\_\_\_\_