

## 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: |

Hillary Mamis NPI #: 1740617596    June Skuza's NPI: 1003139429    Meghan Kenny's NPI: 1043966740  
Rhys Wyman's NPI: 1245369149    Shelley Woolsey's NPI: 1578570214

Call the member service number on the back of your 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 yes, is Z72.4 covered? 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 sessions are allowed per year? \_\_\_\_\_
  - e. What is my benefit period? \_\_\_\_\_
  
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? \_\_\_\_\_
  
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: \_\_\_\_\_