



NUTRITION COUNSELING INSURANCE VERIFICATION

Use this form to verify coverage for Nutrition Counseling. Please fill this out and return it to our office on the day of your appointment.

Patient's Name: _____

Insurance Company: _____

Ask Your Insurance Company These Questions:

What is my effective Date of Coverage? ___/___/___

What is my Benefit Cycle? (circle one)

Calendar Year Plan Year Effective: ___/___/___ to ___/___/___

Does my policy cover nutrition counseling (code 97802 & 97803)? If no, stop here.

Does my plan have a deductible? Yes, amount: \$_____ No

Has my deductible been met? Yes No If no, how much of my deductible has been met? \$_____

Is nutrition counseling subject to my deductible? Yes No

What is my co-insurance percentage? _____% Do I also have a fixed co-pay amount? \$_____

How many nutrition visits per year does my plan provide? _____

How many have I used this year? _____ as of ___/___/___

Are there any other limits to my coverage? Yes No

If Yes, please describe: _____

Our desire is for you to be proactive in your care. We bill your insurance as a courtesy. Once your insurance has been verified, we will accept payment directly from your insurance carrier. In the event your carrier does not pay for your visits, or the charges are applied to your deductible or co-insurance, you will be responsible for your bill. Insurance rate for initial counseling is \$300 per hour, billed in 15 minute increments.

Patient/Guarantor Signature: _____ Date: ___/___/___