

## QUESTIONS TO ASK YOUR INSURANCE COMPANY TO DETERMINE NUTRITION COUNSELING BENEFITS

Call the **Member Services phone number** on your **Insurance Card** and when prompted select 'Eligibility/Benefits' to get through to the right representative.

Let them know that you are checking to see whether a **Nutritionist** that you want to work with is in their network and (even if not) what are your **Nutrition Counseling benefits**. You may be eligible to submit a **superbill** for reimbursement against out of network benefits.

**Note all the following information for future reference and troubleshooting any issues with claims.**

**Date called:** \_\_\_\_\_ **Time called:** \_\_\_\_\_

**Representative Name:** \_\_\_\_\_

**Reference Number** for call (very important): \_\_\_\_\_

**Benefit Period:** (e.g. January- December): \_\_\_\_\_

Does this policy have **Nutrition Counselling** or **Medical Nutrition Therapy Benefits**: Y\_\_\_\_ N\_\_\_\_  
(CPT codes 97802, 97803, 97804)

Are these **in-network** or **out-of-network** benefits? \_\_\_\_\_

Is this benefit limited to a **specific diagnosis code** or **health condition**? If so, which ones:  
\_\_\_\_\_

Is a **Physician referral** needed? Y \_\_\_\_\_ N \_\_\_\_\_

Is there a **limit to number of visits**: \_\_\_\_\_ Have I **used any nutrition benefits** this period? \_\_\_\_\_

Does my **deductible apply**? \_\_\_\_\_ If, so **how much is remaining \$**: \_\_\_\_\_

Do I have a **Co-Pay**? \_\_\_\_\_ If so, **how much \$**: \_\_\_\_\_

Do I have **Co-Insurance**? \_\_\_\_\_ If so, **how much %**: \_\_\_\_\_

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### Important information for your reference during call:

**Licensed Nutritionist:** Amanda Turton Huff

**NPI Number:** 1114485737

**Your Health Plan: Policy Number:** \_\_\_\_\_ **Group Number:** \_\_\_\_\_

**Name of Insured:** \_\_\_\_\_ **Date of Birth (insured):** \_\_\_\_\_