



We understand that dealing with insurance can be overwhelming and sometimes frustrating or challenging. Unfortunately, most insurance companies do not provide detailed information about nutrition coverage benefits in their list of in-network providers. The purpose of this script is to assist you in navigating the insurance process and ensure that our sessions together are covered by your insurance plan. It is your responsibility to be aware of your nutrition coverage, including any expenses not covered by your insurance company.

While we are an in-network provider with many insurance companies and plans, it is crucial to note that each plan is unique and has distinct in-network benefits. This is because nutrition is typically considered a specialized area, even if you have comprehensive health coverage.

When verifying your insurance, check to see if Patricia Pauyo or Pathway Nutrition LLC is in-network with your insurance company.

We strongly recommend that you complete this form before your initial appointment.

Patient's Legal Name: _____

Gather the information below PRIOR to your first appointment:

Insurance Company	Insurance ID Number	Date of Birth



Step 1: Look at page 3 and find the code that matches your reason for your appointment: write the code(s) here: _____

Step 2: Call the member services number on the back of your card

Step 3: Does my plan cover nutrition counseling for the following CPT codes: 97802, 97803 Yes or No

If yes, how many appointments or hours are allowed per plan year?

3 Appointments 3 Hours Unlimited Other _____

Step 4: Does my plan cover diagnosis code(s) (**look up to Step 1**) with CPT codes 97802, 97803?

o Do I need a referral, prior authorization, or pre-determination letter prior to my appointment? Yes or No

Step 5: If the representative says your plan is covered with preventative only, ask them if the diagnosis code (**look up to Step 1**) is considered preventative with CPT code 97802 and 97803?

If no, your plan may not allow coverage

Step 6: Do I have a deductible to meet first? Yes or No

o If yes, how much? _____

Step 7: What is my co-pay? _____

Step 8: Ask for the name of the representative: _____

Ask for the reference number for this phone call: _____

Mark the date and time: _____

(*) Reason for visit / visit code

REASON FOR VISIT	VISIT CODE
Diabetes (Type 1) Consultation	E10.9, Z71.3, Z71.9
Diabetes (Type 2) Consultation	E11.9, Z71.3, Z71.9
Digestive Problem Consultation	Z71.3, Z71.9
Infertility Nutrition Consultation	Z71.3, Z71.9
General Nutrition and Wellness Consultation	Z71.3, Z71.9
Heart Health Consultation	Z71.3, Z71.9
High Blood Pressure Diet Consultation	R03.0, Z71.3, Z71.9
High Cholesterol/Lipids Consultation	E78.0, Z71.3, Z71.9
Kidney Health Diet Consultation	N28.9, Z71.3, Z71.9
Liver Diet Health Consultation	Z71.3, Z71.9
Pregnancy Nutrition Consultation	Z71.3, Z71.9
Reflux/Heartburn Diet Consultation	Z71.3, Z71.9
Sports Nutrition Consultation	Z71.3, Z71.9
Underweight Nutrition Consultation	R63.6, Z71.3, Z71.9
Weight Loss Consultation	E66.3, E66.9, E66.01, Z71.3, Z71.9

**Please bring this filled-out script to your first appointment.
Thank You**



National Provider Identifier (NPI)	
Pathway Nutrition LLC	1821737800
Patricia Pauyo	1124667639
In-Network Insurance Provider Numbers	
Aetna	
Pathway Nutrition LLC	
Patricia Pauyo	
BlueCross BlueShield	
Pathway Nutrition LLC	
Patricia Pauyo	
Cigna	
Pathway Nutrition LLC	
Patricia Pauyo	
Medicare	
Pathway Nutrition LLC	A100305143
Patricia Pauyo	A400305147
United Health Care (UHC)	
Pathway Nutrition LLC	
Patricia Pauyo	