

Patient's name:

Date of birth:

Insurance plan:

Insurance ID Number:

Date:

Time:

Representative:

“I'm calling to verify Nutrition Counseling/Medical Nutrition Therapy Benefits.
I'd like to verify the **medical** AND **preventative** benefits.”

CPT Codes: 97802, 97803, 97804

Common diagnosis codes: z71.3, z72.4

Policy Type: PPO

HMO

POS

Other:

Does policy run on calendar or contract year? _____ to _____

Medical benefits:

Is this benefit limited to a specific diagnosis or co-morbidity: _____
If so, which ones?

Preventative benefits:

Is this benefit limited to a specific diagnosis or co-morbidity: _____
If so, which ones?

What diagnosis codes are covered under preventative benefits?

Is there a Physician referral needed?

Y N

Is there both in-network and out-of-network benefits? Y N

Limit to # of visits:

Limit to # of units:

Deductible applies:

What is deductible:

How much of deductible has been met:

Copay/coinsurance:

Is telehealth covered?

Is there a Physician referral needed?

Y N

Is there both in-network and out-of-network benefits? Y N

Limit to # of visits:

Limit to # of units:

Deductible applies:

What is deductible:

How much of deductible has been met:

Copay/coinsurance:

Is telehealth covered?

Is this a Grandfathered OR Non-grandfathered policy?

Notes:

C  M P L E A T

WELLNESS STUDIO

Nutrition · Fitness · Health

12 Constitution Avenue
Shrewsbury, PA 17361
(717)-942-2831

Reference #: