



Please note it is the patient's responsibility to call their insurance company PRIOR to your visit to confirm coverage.

Call the 1800 number on the back of your insurance card and ask to speak to a representative. Make notations on this form as you speak with the representative. Jen's NPI (National Provider Number) is 1982218335 if they ask for it.

Ask "**Do I have nutritional counseling coverage on my insurance plan?**"

If the insurance company asks for a CPT code, please provide them with the following codes 97802, 97803 & 97804.

If they say you do not have coverage using those codes NEXT ask them to check your coverage for the following CPT codes: 99401, 99402, 99403, and 99404. We also can bill for S9470 if it is covered by your policy.

Will my diagnosis be covered?

If the representative asks for a diagnosis code (aka ICD 10 code) – please tell them the visit is coded with the ICD 10 code: Z71.3

If they don't accept Z71.3 then provide them with Z72.4 and see if they will cover that diagnosis instead on your plan.

If you are overweight, obese, or have prediabetes, diabetes, hypertension, or high cholesterol you may want to see what your coverage is for these diagnoses as well.

We always code your visits using preventative coding (if applicable) to maximize the number of visits you receive from your insurance carrier. However, if you ONLY have a medical diagnosis (for example IBS, and you are not overweight or have CVD risk factors) your insurance may impose a cost-share for your visit either in the form of a deductible, co-pay, or co-insurance.

How many visits do I have per calendar year?

Your carrier will let you know how many visits they are willing to cover. Depending on the carrier the number of visits varies from 0 to unlimited depending on medical need.

Do I have a cost-share for my nutrition visit?

A cost-share is the amount you will need to pay as required by your particular insurance plan towards your services. A cost-share can be in the form of a deductible, co-pay, or co-insurance.

We will always bill under your insurance policy's plan under your preventative benefits if your plan allows. If you have preventative benefits, there is often NO cost share for you associated with the visit. Once again, this is something YOU do want to ask prior to your visit.

We generally wait for the claim to be processed to determine whether you have a copay and we will send you an invoice. You may elect to have the card on file run in the amount for your convenience.