

Insurance Script

The Purpose of this script is to give you guidance in negotiating the insurance process and help ensure that our time together is covered by your insurance plan.

- ✓ We ask that you **verify your insurance coverage prior to scheduling your first appointment** and bring this document to your first visit (or send it to us beforehand by email or via the patient portal).
- ✓ Please make sure a copy of the front and back of your insurance card has been uploaded into the patient portal. If you have trouble doing this, bring your card to the first visit.
- ✓ If you have **secondary insurance**, you will need to complete this entire process for that insurance plan as well.

Name of Insurance:	Policy #:	Group #:
PRIMARY POLICY HOLDER INFO Name:	Date of Birth:	Home Address:
	Primary Policy Holder's Relationship to Client Self Spouse Parent/Guardian	
CLIENT INFO Name:	Date of Birth:	

Call the member services number on the back of your insurance card and ask the following questions:

1. Does my insurance plan cover outpatient nutrition counseling? Yes ___ No ___ If yes, ask about CPT codes:
 - FIRST ask if the following CPT codes are covered: 97802 ___ 97803 ___
 - If those codes are not covered, NEXT ask them to check your coverage for the following CPT codes: 99401 ___ 99402 ___ 99403 ___ 99404 ___
2. Will my diagnosis be covered?
 - If the representative asks for a diagnosis code – please tell them the visit is coded with the ICD 10 code **Z71.3**. Ask if this diagnosis code is covered.
 ___ Yes, Z71.3 is covered ___ No, Z71.3 is not covered
 - If Z71.3 is NOT accepted, then ask if **Z72.4** is covered on your plan.
 ___ Yes, Z71.4 is covered ___ No, Z71.4 is not covered
 - Some diagnoses may help get your nutrition visit covered by insurance (e.g., pre-diabetes, diabetes, hypertension, high cholesterol, etc.). You can ask your insurance company which of your diagnoses are covered for nutrition counseling and list them here:

3. How many visits do I have per calendar year? _____
4. Do I have a deductible to meet? ___ Yes ___ No If yes, how much? \$ _____
5. Do I need a physician referral? ___ Yes ___ No
 If yes, provider referral form can be found at www.sumraRDnutrition.com
6. Do I have a co-pay for nutritional counseling? ___ Yes ___ No
 If yes, what is the copay amount? \$ _____