

Determining Health Insurance Eligibility

To determine what coverage you may have for nutrition counseling services, the first step is for you to call the customer service, benefits and eligibility, or subscriber services number on the back of your insurance card. Ask the following questions when calling your health insurance company to determine whether your insurance benefits cover nutrition counseling or Medical Nutrition Therapy:

1. What is the name of the representative with whom I spoke?

Name: _____

Date: _____

2. When did my coverage begin and when does it end or renew?

Beginning Date: _____

End Date: _____

3. Do I need a referral from my physician for services from a Registered Dietitian? YES/NO (If so, please fax the referral to 503.837-3467)

4. Does my plan cover nutrition counseling or Medical Nutrition Therapy by a Registered Dietitian (RD) via a teletherapy or virtual/online setting (*some insurance plans only cover these services in a hospital setting*)? YES/NO *If yes, for which diagnoses?*

NOTE: Each patient's coverage plan is unique. Some insurance plans only cover for diabetes and kidney disease, while others are more flexible and may provide a certain number of visits per year to see a Registered Dietitian (RD) no matter the diagnosis. Please be aware that only a physician or other qualified healthcare professional can make a diagnosis. Common diagnoses covered by insurance companies for RD visits include high blood pressure, high cholesterol, digestive problems, eating disorders, diabetes, obesity, food allergies, and other nutrition-related conditions.

5. Confirm coverage for the appropriate procedural codes (CPT codes).

The CPT codes used for nutrition counseling or Medical Nutrition Therapy are:

97802 (Initial Consultation) YES/NO

97803 (Follow-up Consultation) YES/NO

6. Is there a limit to the number of sessions and/or the length of time per session spent with a Registered Dietitian within my coverage period (provide details below)?

7. Is the Registered Dietitian I want to see (Cary Fardal, RDN, LD, CPT) an in-network or preferred provider with my insurance? YES/NO

8. **If Cary Fardal is not in your insurance network, inquire about your out-of-network benefits (space is provided below for your notation convenience).

9. Is there a co-pay per visit? YES/NO If so, how much? \$

10. What is my deductible for the year and has any or all of it been met?

YES/NO

Annual Deductible: \$ _____

Amount of deductible met thus far: \$ _____

Date: _____

I have reviewed the above information and understand that services rendered are my responsibility. If there are services not covered by my insurance company, I am responsible for payment of those charges.

Printed Name: _____ Date: _____

Signature: _____

If you have any questions, please call or email Cary Fardal.

Phone: 503-837-3467

Email: info@creativejuicesnutrition.org