

## CLIENT INSURANCE VERIFICATION OF BENEFITS FORM

*I am committed to providing you with the best possible care. If you have medical insurance, I am eager to help you receive your maximum allowable benefits. To achieve these goals, your assistance is needed.*

Please contact your insurance company **prior to the initial appointment** to determine whether your plan has benefits to cover nutritional counseling, or if a referral or pre-authorization is required. The phone number is listed on the back of your insurance card.

**Ask the member service representative on the call for a call reference number for your records and write it in the section below titled – Call Reference Number.** This will help us if any issues arise in the future.

Client Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Primary Insurance Carrier: \_\_\_\_\_  
Call Reference Number: \_\_\_\_\_

Do I have benefits for nutritional counseling CPT codes (97802 or 97803)? Yes No

If yes, does the benefit cover code Z71.3, general nutrition counseling? Yes No

If yes, does the benefit cover code F50.89, other specified food eating disorder? Yes No

If yes, does the benefit have restricted diagnosis coverage? Yes No

If yes, what conditions are excluded from this coverage? \_\_\_\_\_

Do I have a co-pay for each visit? Yes No If yes, amount? \$ \_\_\_\_\_

Do I have a deductible? Yes No If yes, amount of deductible \$ \_\_\_\_\_

Have I met my deductible? Yes No If no, how much is left? \$ \_\_\_\_\_

### **Do I have a restricted number of visits per year for nutritional counseling?**

Yes No If yes, # of visits: \_\_\_\_\_

When is the start of your insurance calendar year: \_\_\_\_\_

### **Does nutritional counseling require a referral or a written order from my primary care provider?**

Yes No If yes, please contact your primary care provider for a referral.

### **Does nutritional counseling require pre-authorization prior to my visit?**

Yes No If yes, please notify Sophia Tasler, RDN, CD and request a pre-authorization from your insurance.

### **Is Sophia Tasler, RDN, CD in-network as a preferred provider?** Yes No

**\*\*Please note Sophia Tasler, RDN, CD has opted out of Medicare and Medicaid.\*\***

### **If you will be utilizing your out-of-network benefits, please ask the following:**

Do I have out-of-network benefits? Yes No

Do I have a deductible? Yes No If yes, amount of deductible \$ \_\_\_\_\_

Do I have a co-insurance or co-pay for each visit? Yes No If yes, amount? \$ \_\_\_\_\_

### **ICD-10 codes from your physician (or mental health provider for eating disorder codes) are required for services regardless if a referral is needed for coverage.**

Whether or not they are required by insurance depends on your individual health circumstances and health plan. We will do our best to let you know in advance if they are required by insurance, however it is always helpful if you proactively have your physician fax your full list of ICD-10 diagnosis to us at 888.498.5283.

Alternatively, you may provide us with other documentation of your assigned ICD-10 diagnosis list, such as a screenshot or download from your doctor's client portal in the intake paperwork provided upon booking your initial session.

**If we don't have codes to bill your insurance, we will have to bill you instead.**

**\*\*Thank you for assisting Sage Wisdom Nutrition in clarifying your nutritional counseling benefits. It is important that you complete this form and any required referrals/pre-authorizations prior to your first visit. You are ultimately responsible for payment of services provided.\*\***

***Patient/Responsible Party Signature***

Name Printed \_\_\_\_\_  
Signature \_\_\_\_\_  
Date \_\_\_\_\_