

PATIENT 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 for a call reference number for your records and the form below. 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 diagnosis code Z71.3? 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.

I am scheduled to see Registered Dietitian: **Sophia Tasler, RDN, CD**

Is this provider contracted with my medical plan as a preferred provider? Yes No

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

Do I have out of network benefits? Yes No

Do I have virtual health benefits with nutrition? Yes No

****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.**

Patient/Responsible Party Signature

Name Printed _____

Signature _____

Date _____