

Insurance Verification Worksheet



Please read the instructions thoroughly. Please familiarize yourself with this form BEFORE calling your insurance.

This is a verification form to help you compile information from your insurance company about your nutrition counseling benefits. If you are using your health insurance policy to cover a portion of your nutrition therapy, you will need to understand your coverage, including your co-pays, co-insurance, and deductible. Please contact your dietitian if you have any questions.

Please collect all of the information below and type out the responses from your insurance company. *If nutrition counseling is not a benefit in your insurance plan, you are responsible for paying 100% of the self-pay rates per the billing policy.*

- \$150-\$240 initial session
- \$80-\$125 for your follow-up sessions
- \$75 for a 48-hour late cancel/No Show **(no exceptions - insurance does not reimburse for this)**
- **For parent sessions of adolescent patients:** please note: if the child is NOT present in our session. We CAN NOT bill insurance for medical nutrition therapy for parent only sessions. At times, we do recommend parent only sessions to access the depths of your child's behaviors.

Make sure you have your insurance card handy and call the number on your card for customer service or member benefits. Please know your medical diagnosis by referring to the "diagnosis list or problem list" on your most recent medical progress note.

Please also understand that your dietitian practices within a Health At Every Size framework. The number on the scale does not dictate health. Insurance does not practice this framework and often will give nutrition coverage to individuals at a higher BMI. For this reason, we want to do what we can to get your sessions covered so we can focus on you, not your weight. If you feel comfortable proceeding with an "ob*sity" diagnosis, ask your insurer about it below. Feel free to ask your dietitian more about this in the session.

Call the Member Services number on your insurance card. Ask to check "Benefits and Coverage."

Is my provider in network with my plan?

Branz Nutrition Counseling
Tx ID/EIN: 46-1490817

Yes

No

If this provider is in network, continue on to the next question. If this provider is not in network, ask the following about the information below:

Can I do a single case agreement? - Please explain to me what information I would need and how this process works.

Does my plan cover nutrition counseling?	Yes	No
CPT codes: 97802, 97803, 99404		

Are there any restrictions, limitations or exclusions to my coverage?

Is a prior authorization or referral needed?	Yes	No
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Does my plan cover the following diagnosis code? *If you do not think you have this diagnosis, then do not ask about it.

Z71.3 (dietary counseling and surveillance)	Yes	No
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E66.01 or E66.9 (both for obesity)	Yes	No
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Eating Disorder Codes: F50.0	Yes	No
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Is there a limit to the number of sessions per year my policy allows? If so, how many?

*Each follow up visit is 4 units long (60min), The initial visit is 90min long

Do I have a deductible for nutrition counseling services? - If so, how much is my deductible? - How much of my deductible have I met so far? - Do I have to meet my deductible before my sessions are covered?

Do I have a copayment for each visit? - If so, how much of a copay do I have per session? *Usually the copay is applied only once you've met your deductible

Do I have a co-insurance? - If so, how much of a percentage does my co-insurance cover? *Usually the co-insurance is applied only once you've met your deductible.

Does my plan cover telehealth visits? - Is there a change in coverage or copay/co-insurance amounts?

When does the policy year renew?

Other notes:

*Please note that quoted benefits are never a guarantee of coverage. We do our best to submit claims and update you on your coverage quickly. It does take between 2-6 weeks, sometimes longer, for insurance to process your claims. **In our billing policies, you are responsible for what your insurance does not cover.***

Health Insurance Information

Please fill this out so we have the necessary info to process your claim

Policy Holder	Legal first name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Phone number	
<input type="text"/>	<input type="text"/>	
Sex assigned at birth	Gender	
<input type="text"/>	<input type="text"/>	
Street	Unit	
<input type="text"/>	<input type="text"/>	
City	State/Province	Postal code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Insurance Company	Payer Id	Coverage Type
<input type="text"/>	<input type="text"/>	<input type="text"/>
Member Id	Plan Id	Group Id
<input type="text"/>	<input type="text"/>	<input type="text"/>
Copay	Deductible	
<input type="text"/>	<input type="text"/>	

Only medical nutrition therapy (MNT) provided in a face-to-face setting is covered by your insurance company.

MNT is always subject to your regular and applicable co-pays, deductibles, and coinsurance. For all services covered under the provider's contract, the provider cannot bill the patient for the difference between billed charges and what the health plan reimburses the provider.

Certain services are not considered medically necessary by your health plan. They may be helpful to you, but the terms of your insurance plan do not reimburse dietitians for these services. These non-reimbursable services and/or supplies are the responsibility of the patient.

Uncovered Services

Listed below are services not covered under your current health plan contract but are recommended by your provider or may be requested by you.

Service	Cost	Frequency	Total Investment
Email Check In's With Your Dietitian When Not Meeting Face to Face	\$40		
Email/Phone Collaboration with Your Team (Therapist, Psychiatrist, PCP/Pediatrician)	\$40		

I acknowledge and agree that part of my care is not a covered benefit of my health plan. I acknowledge and understand that I will be financially responsible for this part of my treatment should I choose to have email and coordination of care calls. I also acknowledge and understand the information listed below:

1. Branz Nutrition has allowed me to make the final decision regarding uncovered services.
2. I have been advised the recommended/desired services will not be covered by my health plan, and I will be solely responsible for payment of the recommended services should I choose.
3. I understand this is not an ongoing authorization but is specific to the discussed treatment plan.

Please choose to confirm or decline these added services.

{If confirmed, your dietitian will discuss payment at your initial session}

This CONFIRMS my request to have the additional services provided above. I understand the treatment plan is for a period no longer than three months. Should the treatment plan extend beyond that time frame a new authorization or a re-signing of this agreement will be required after.

This confirms my decision to DECLINE the additional services provided above

Client	
X	
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Print name:	Date: