

Healthy Hearts Nutrition LLC- Insurance Script

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

We ask that you complete each step before your first appointment and bring this document with you to your first appointment.

Patient's Name:	Patient's DOB:
Primary Insurance & Policy #	Group #
Policy Holder's Name:	Policy Holder's DOB:
Policy Holder's Address:	Relationship to Policy Holder:
Secondary Insurance & Policy #	Group #
Policy Holder's Name:	Policy Holder's DOB:
Policy Holder's Address:	Relationship to Policy Holder:

Please complete PRIOR to your appointment:

1. Call the member services number on the back of your card. If your insurance company requests Leslie's NPI number or tax ID number: Leslie Edmunds' National Provider Number: 1225307325, Tax ID: 45-3758882

Here are some important questions to ask:

- Does my plan cover nutrition counseling/medical nutrition therapy (CPT code 97802/97803)? Yes or No
- Ask about preventive coverage under the Affordable Healthcare Act/Healthcare Reform.
- If yes, what diagnoses are covered under my policy?
- Do I have preventive nutrition visits? If so, how many?
- What diagnosis codes are considered preventive? Ask about dietary counseling (Diagnosis code Z71.3)? Obesity (Diagnosis code E66.9)?
- Does my plan only cover visits that are considered "medically necessary"? Yes or No
- Do I have a deductible to meet first? Yes or No. If yes, how much?
- Do I need a physician referral? Yes or No
- Do I need preauthorization? Yes or No

Note: if you need a physician referral this must be done at least one week prior to our session. Please call your doctor and have the office manager send a referral with the correct diagnosis to (937) 917-8084.

- What is my co-pay amount for outpatient nutrition counseling? Note: nutrition counseling is sometimes considered as a "specialist" and the co-pay may be different than what is listed on your card.

2. Bring a copy (front and back) of your insurance card as well as this sheet to our session. If you don't have access to a copy machine, we can make a copy of it here.
3. Don't hesitate to contact us if you have any questions or concerns about working with your insurance company.

My signature certifies that I have read and completed this form to the best of my ability. I understand that if my insurance denies coverage or only partially covers my nutrition counseling session performed at Healthy Hearts Nutrition LLC, I am responsible for 100% of the payment.

Signature: _____ Date: _____