

Clem&Thyme Nutrition- Insurance Script

The purpose of this script is to give you guidance to confirm if nutrition counseling is covered by your health plan.

You do not have to call your insurance company, this is only if you have concerns about them paying for your appointments.

1. Call the member services number on the back of your card. If your insurance company requests: Clem&Thyme's 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; If yes, what diagnoses are covered under my policy?
- Does my plan cover preventive nutrition coverage under the Affordable Healthcare Act/Healthcare Reform? Yes or No
- Is there a limit on the number of visits?
- What diagnosis codes are considered preventive? Ask about dietary counseling (Diagnosis code Z71.3)? Obesity (Diagnosis code E66.9)?
- 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
- Do I have a co-pay amount?
- Please ask for a reference number from your phone call:

Note: if you need a physician referral, please call your doctor and have the office manager send a referral with the correct diagnosis to (937) 917-8048.

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.

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:

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 Clem&Thyme Nutrition, I am responsible for 100% of the payment.

Signature: _____ Date: _____