## **Insurance Coverage Checklist**

Collect the following information before calling your insurance representative:			
Insurance Plan:			
Member ID Number:			
Group ID Number:			
At the beginning of your phone call, document the following	ng details for your records:		
Date: Represe	ntative Name:		
Questions to ask (or verify) your insurance represent	ative:		
What is my policy type? PPO HMO Other:			
What is my benefits period?	to		
Does this policy have Medical Nutrition Therapy Be	nefits? YES	NO	
<ul> <li>Does this policy cover CPT Codes: 97802 97</li> </ul>			
<ul> <li>Is seeing a registered dietitian a preventable be</li> </ul>			
<ul> <li>If seeing a dietitian falls under my med</li> </ul>	•		
<ul> <li>A co-pay? YES NO If y</li> </ul>			
Co-insurance? YES NO If y			
A deductible? YES NO If y			
• Is my diagnosis of a covered	· ·		
<ul> <li>Note: share a specific diagnosis so you</li> </ul>	•	Э	
verified to check for coverage of your o	•		
• Is the ICD-10 preventative code z71.3 a covere	_		
when seeing a registered dietitian?	YES medicine/telehealth? YES	NO	
Are nutrition services covered if conducted via telemedicine/telehealth?		NO NO	
Is a Physician referral needed?			
Is Dietetics with Driessens LLC an In-Network facili	_	NO	
Is Katherine Driessens considered an In-Network p	rovider with my plan? YES	NO	

If Yes for In Network:	
Limit to the # of visits:	
Limit to the # of units:	
Deductible applies:	
Copay/Coinsurance:	

It is required for patients to self-verify their own benefits by calling their insurance plan. This is so the patient is aware of their coverage BEFORE scheduling. Please note an insurance quote is not a guarantee they will pay for services, and patients are financially responsible IF their is an incurred out of pocket expenses for consulting in event the insurance chooses to not pay.

What is my reference number? \_