



Insurance Script

Woodlands Nutrition does not verify coverage for BCBS. In order to verify insurance coverage, you will need to call BCBS and verify your benefits before we file on your behalf. At times coverage may still be denied. This can be for many reasons, including that your insurance company may not feel that nutrition counseling is “medically necessary” for the diagnosis that is submitted. **We ask that you call your insurance company prior to your first appointment.**

| | | | |
|-----------------------------------|--|---------|---|
| Primary Insurance & Policy Number | | Group # | |
| Policy Holder Name | | DOB | |
| Policy Holder Address | | | Relationship to client: Self Spouse Parent |

Call the member services number on the back of your insurance card. The following questions are helpful to ask:

1. Does my plan cover Nutrition counseling, dietitian visits (procedure code s9470)? Yes No
 If No, do they cover code 97803 (medical nutrition therapy) Yes No
 - a. If yes, how many sessions are allowed? _____
 - b. Does my plan only cover visits that are “medically necessary”? Yes No
 - c. Are there any diagnosis that are excluded? Yes NO
 If Yes, please list: _____
 - d. Do they also cover preventative services (code: Z71.3)? Yes No
 **This code is used when we do not have a diagnosis code from the physician to submit
2. Do I have a deductible to meet first? Yes No If yes, how much? _____
3. What is my co-pay amount for outpatient nutrition counseling? _____
4. Do I need a physician referral? Yes No (**Note: All BCBS HMO plans require a physician referral before the first session in order for coverage to be obtained**)
5. Does my plan cover telehealth/virtual sessions? Yes No

Obtain a reference number of the call for you to have on file in case BCBS denies your claim.

Reference Number: _____

Please keep a copy of this page for your records.

My signature certifies that I have read and completed this form to the best of my ability. **I understand that if insurance denies coverage for nutrition session(s) performed at Woodlands Nutrition, I am responsible for 100% of the payment.**

Signature: _____ Date: _____

Note: At this time, Woodlands Nutrition only accepts Blue Cross Blue Shield. If you are contracted with another insurance company, we are more than happy to provide you with a superbill to submit to your insurance company for reimbursement for our sessions. **The superbill does not guarantee reimbursement.