



Insurance Information Form

The purpose of this form is to give you guidance in navigating the insurance process and ensure that you get the most out of your benefits and avoid unwanted financial surprises. We ask that you complete each step to the best of your ability and upload the completed form with your intake documents in our secure client portal.

If you have a Kaiser HMO/Core plan, please do not complete this form, and notify us when requesting an appointment so we can request prior authorization for coverage

Client Name: _____ Client Date of Birth: _____

Primary Insurance: _____

Member ID: _____ Group #: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Policy Holder Address: _____

Policy Holder Phone: _____ Relationship to Client (select one): Self Spouse Parent Other

(If Applicable) Secondary Insurance: _____

Member ID: _____ Group #: _____

Policy Holder Name: _____ Policy Holder Date of Birth: _____

Policy Holder Address: _____

Policy Holder Phone: _____ Relationship to Client (select one): Self Spouse Parent Other

Steps to take PRIOR to your first appointment:

1. Call the member services number on the back of your insurance card. Here are some important questions to ask them about your individual plan:

- Does my plan cover outpatient nutrition counseling (CPT codes 97802 and 97803)? Yes No
o If yes, how many how many sessions are allowed? _____
• Does my plan have any restricted diagnoses? Yes No
o If yes, what are they? _____
• Do I have a deductible to meet before insurance will cover my nutrition sessions? Yes No
o If yes, how much? _____
• Do I need a physician referral? Yes No
o Note: If you need a physician referral this must be done at least 1 week prior to our first session. You may need to provide the referral office information located at the bottom of this form
• What is my co-payment amount for outpatient nutrition counseling? _____
o Note: Nutrition counseling is sometimes considered under a "specialist" and the co-pay may be different than what is listed on your card.
• Is the provider I am going to see at Attune Nutrition covered under my plan? Yes No
o Mikaela Carrillo, MS, RDN, CD (NPI: 1891283560)
o Emily Fitch, MS, RDN, CD (NPI: 1588177216)
o Rebecca Aronsen, RDN, CD (NPI: 1245891241)
o Samantha Kingry, MA, RDN, LD, CD (NPI: 1730779836)
o Sara Mussa, RDN, CD (NPI: 1528572104)
▪ If not, what are my out-of-network nutrition counseling benefits? _____
• Important: Ask the person on the phone for a reference number at the end of the call: _____
o Date of call: _____

2. Please take a photo of your insurance card (front and back) and send it to hello@attune-nutrition.com or upload it to your secure client portal when completing your initial intake forms

3. Please do not hesitate to contact us if you have any questions or concerns about working with your insurance