



Nourish With Claire

Verification of Medical Nutrition Therapy Benefits Form

Use this form when calling your insurance company to learn more about your policy benefits. Don't forget to ask the representative for a reference number before the call ends!

First & Last Name

Date of Birth

Insurance Plan

Company Name

Insurance ID Number

Insurance Group Number

Information to collect when you call your insurance company

Date & Time of Call

Representative's Name

Policy Type

PPO
POS

HMO
Other

Policy type if you checked "Other"

Benefit Period

Is this a FULLY funded plan? Yes No

Is this a SELF-funded plan? Yes No

Is this a GRANDFATHERED plan, not needing to adhere to the Affordable Care Act (ACA)? Yes No

Does this policy have nutrition counseling/medical nutrition therapy benefits? Yes No

Which CPT codes are covered on this policy?

97802
S9470

97803
99401-99404

Are BOTH Preventative nutrition services covered under Health Care Reform AND Medical Benefits covered? Yes No

Does this plan cover telehealth services?
If yes, is there a copay for telehealth services? Note copay amount. Yes No

Is a physician referral required? Yes No

Does this plan require prior authorization for nutrition services? Yes No

Does this plan require the dietitian to submit medical documentation?
If yes, please note the fax number where these notes should be sent. Yes No

Coverage for PREVENTATIVE nutrition services includes:

Please ask the following:

Number of visits covered:

Is there a limit on number of units:

Does the deductible apply? \$ _____

Does the co-pay apply? \$ _____

Does co-insurance apply? % _____

Coverage for MEDICAL nutrition services includes:

Please ask the following:

Are these benefits limited to specific diagnoses? If so, which ones?

Number of visits:

Is there a limit on number of units:

Does the deductible apply? \$ _____

Does the co-pay apply? \$ _____

Does co-insurance apply? % _____

Reference Number:

Do not forget to ask the representative for a reference # for the call.