

NUTRITION THERAPY

INSURANCE VERIFICATION GUIDE

BALANCED NUTRITION LLC

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NUTRITION

Balanced Nutrition LLC

Insurance Nutrition Benefits

Before your appointment, contact your insurance company to confirm what nutrition benefits are available through your specific plan. This guide is intended to help you to obtain the most accurate information but it is not a guarantee. Even with these detailed questions, many folks will still receive inaccurate information from their member services representative. Therefore, we highly recommend that you document your call and with the call notes outlined below.

Quick guide

Call or chat with your insurance company, ask the questions below, and keep your notes for reference.

Contact Your Insurance Company

1. Contact your insurance company by phone or chat. The member services phone number is listed on the back of your insurance card.
2. Ask each question in the highlighted list below.
3. Confirm any nutrition benefit, referral or authorization requirement, covered procedure codes, applicable exclusions or limitations, and out-of-pocket costs.
4. Record the representative's name, reference number, and date of call in the Call Notes section.

Questions to ask

- Does my plan cover nutrition counseling or medical nutrition therapy?
- Can you confirm that **Balanced Nutrition LLC** is in your network: **NPI # 1578933776**
- Specifically, does my plan cover the following procedure codes (CPT codes):
97802 (Initial Visit) & 97803 (Follow Up Visits)
- Do I need a referral or prior authorization?
- How many visits or hours are covered, and during what time period?
- Are there any exclusions or capitations? Examples: Are there any diagnoses that are NOT covered? Are there any specific limitations related to practice location?
- If you have a specific diagnosis that you have been given by a doctor or therapist, ask them if that specific diagnosis is covered under your plan (examples: eating disorders, hypertension, high cholesterol, etc.)
- Does my plan include telehealth visits?
- What deductible, copay, coinsurance, or other out-of-pocket cost should I expect?
- Can you provide a reference number for this conversation?

Call Notes

Information	Notes
Representative Name	_____
Reference Number	_____
Date of Call	_____
Nutrition Benefit	_____
Out-of-Pocket Cost	_____
Exclusions or Limitations	_____

Contact

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