

Insurance worksheet to help when calling your insurance company. As **you are ultimately responsible for any amount your insurance does not pay**, we recommend you call your health insurance provider in advance of your first visit to find out what your plan does and does not cover so you can budget accordingly. **Have your insurance card** accessible when you call. The following information should help you get your plan coverage and exclusions. Please fill this sheet out and keep a copy for your records as well as sharing a copy with our office.

Diagnostic code (ICD 10 code) – If you did not yet receive one from your primary care provider, here are some examples for Nutritional Counseling and Nutritional Therapy: **E089 – Diabetes, E663 – Overweight, E669 – Obesity, F5001 – Anorexia nervosa restricting, F509 – non-specific Eating disorder, Z71.3 or Z72.4 – preventative dietary counseling and surveillance**

Provider company name: **Ilyse Simon RDN, CDN Nutrition Therapy, LLC**
EIN: 20 414 3882

| Our providers NPI's: Last Name | First Name | NPI |
|--------------------------------|---------------------|-------------------|
| Simon, RD | Ilyse | 1487690640 |
| Stack, RD | Jennifer | 1841783636 |
| Ferencik, RD | Emily | 1407252836 |
| Napoleon, RD | Olivia Marie | 1689150740 |

CPT codes: First visit is 97802 Subsequent follow up visit **CPT codes are usually 97803.** Your visits might also be **CPT coded as 99404, G0270 or V653.** If the representative indicates only one or some of those codes are covered, please circle or note them: _____

- Does plan cover visits to see all providers at this practice: **Yes or No**
 - If NO, which provider(s) are covered – **Ilyse or Jennifer or Emily or Olivia**
- Questions to ask about your **PREVENTATIVE** visits:
 - Do you have a **deductible** that has not been met? **Yes or No**
 - If yes, how much remains: \$ _____
If you have a deductible that has not been met yet, you will be responsible for paying for your visits until your deductible has been met for the plan year.
 - Is there a **copay**? **Yes or No** If yes – how much: \$ _____
 - Maximum number of visits for the year: _____
 - Most clients see us for **Preventative services**, but some clients see us for **Medical reasons**. Your insurance may only cover certain codes under preventative OR Medical and not both. Please note if that is the case and make any additional notes:
 - Limit of coverage based on referral or diagnoses code? **Yes or No**
 - For example -must a patient have a specific diagnoses such as diabetes or obesity in order to be seen?
 - If referral is needed, who needs to provide the referral (your GP or other doctor?) and who/where should it be sent?
 - If limited by diagnoses – which one(s) are covered: _____
 - Need pre-approval or other action before first visit? _____
 - **Reimbursement for Out-of-Networks sessions** – if your plan offers the possibility of reimbursement for sessions, make notes here: _____