

Insurance worksheet info for when calling your insurance company. As **you are responsible for paying for your sessions**, we recommend you call your health insurance provider in advance of your first visit to find out your plan coverage so you can budget accordingly. **Have your insurance card** out when you call. (note: If you have Medicare as Secondary coverage, visits may not be covered as we are not enrolled providers with Medicare.)

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
Alongi, RD	Kaitlyn	1063910248

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: _____

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**

- Sessions covered to see all providers at this practice: **Yes or No**
 - If NO, which provider(s) are covered – **Ilyse or Jennifer or Emily or Olivia**
- **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 are 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 might 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: _____
 - Pre-approval or other action needed before first visit? _____
 - **Reimbursement for Out-of-Networks sessions** (we can provide a receipt or “SuperBill” for reimbursement): _____

