



ADVANTAGE NUTRITION & WELLNESS, LLC

REFERRAL / PRIMARY INSURANCE WORKSHEET

Your medical provider or other allied healthcare professional is referring you to Advantage Nutrition & Wellness, LLC for nutrition therapy goals. We look forward to joining your wellness team!

We understand that navigating insurance can be frustrating for all parties involved. It is, however, important to understand your insurance prior to coming in for your first appointment. This can prevent further frustration with any claims for nutrition services.

Prior to your visit, we ask all clients to call your insurance company prior to your first appointment and fill out this form for all insurance plans (primary and/or secondary) prior to your first appointment.

CLIENT NAME: _____ CLIENT Date of Birth: _____

Primary Insurance Name:	
Primary Insurance Policy ID#:	
Primary Insurance Group #:	
Policy Holder, Name:	
Policy Holder, DOB:	
Relationship To Client	Self Spouse Parent Other: _____
Policy Holder Address:	

Please fill out as you talk to your insurance company:

1. Call your insurance company's member services department. The phone number can typically be found on the front or back of your card and ask the following questions.
 - a. Does my plan cover nutrition counseling / medical nutrition therapy? **YES NO**
 - b. Procedure codes (CPT codes) used by our office are **97802** (initial session) and **97803** (follow up sessions)
2. Is Advantage Nutrition & Wellness, LLC (and, if you are referred to a specific provider) in-network for this plan?
 - a. Advantage Nutrition & Wellness, LLC – NPI# 1710168638 **YES NO**
 - b. Jennifer Doane – NPI# 1164460440 **YES NO**
 - c. Jacqueline Jarrett – NPI# 1295815900 **YES NO**
 - d. Michele Waide – NPI# 1437876380 **YES NO**
3. If **YES** to coverage for CPT codes 97802 & 97803:
 - a. Does my plan have any limitations on coverage? For example, does my plan only cover certain diagnosis(es) based on medical necessity? **YES NO**
 - b. The diagnosis for your inquiry would be provided by your physician or other diagnosing provider:
 - i. Dx. _____
 - ii. Dx. _____



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- c. Does my plan also cover preventative nutrition counseling? **YES NO**
- i. Typically, preventative nutrition therapy can use the following diagnosis codes:
1. Dx. Z71.3 - Dietary counseling and surveillance
 2. Dx. E66.3 – Overweight (if applicable per BMI guidelines)
 3. Dx. E66.9 – Obesity (if applicable per BMI guidelines)
4. If **YES** to covering CPT codes 97802 & 97803, how many sessions are allowed?
- a. _____
5. Nutrition Counseling / Medical Nutrition Therapy is sometimes considered a specialist visit. This designation can potentially effect your co-pay amount and/or out-of-pocket costs.
- a. Would services at ANW be considered a specialist visit? **YES NO**
6. Will there be any out-of-pocket costs for nutrition counseling / MNT sessions?
- a. Deductible to meet first? _____
- b. Copay? _____
- c. Coinsurance? _____
7. Does my insurance plan benefit for Nutrition Counseling / Medical Nutrition Therapy run on a calendar year or other plan year?
- a. CALENDAR YEAR: _____
- b. BENEFIT YEAR: _____
8. Do I need an insurance referral (Do I have an HMO Plan)? **YES NO**
9. If you have an HMO plan and require an **insurance referral**:
- a. An insurance referral must be requested/obtained **prior to** your first appointment.
 - b. You will need a date of service in order to request this from your primary care physician.
 - c. Once you are scheduled at ANW,LLC, please contact your PCP to request they submit your insurance referral for your first session.

For Your Visit at Advantage Nutrition & Wellness, LLC:

- A. Bring a copy of your insurance card or upload a picture of the front and back to your client portal.
- B. Bring this insurance worksheet or upload a copy to your client portal.
- C. Bring a copy of your doctor's order for nutrition counseling / medical nutrition therapy.
- D. Do not hesitate to contact our office should you have any questions.

My signature certifies that I have read and completed this form to the best of my ability. I understand that if insurance denies coverage for nutrition counseling / MNT, I am responsible for 100% of the charges incurred.

Signature: _____ Date: _____

Advantage Nutrition & Wellness, LLC

961 Marcon Boulevard, Suite 115, Allentown, PA 18109

Phone: 610-443-1885 / Fax: 610-443-1685