

Insurance Script

The purpose of this script is to give you guidance in negotiating the insurance process and ensure that our time together is covered by your insurance plan. **I ask that you complete each step 1 week prior to your first appointment and bring this document with you to your first appointment.**

Please bring your insurance card to our first session.

Primary Insurance & Policy #		Group #	
Policy Holder, Name, DOB			
Policy Holder, Address			Relationship to Client Self Spouse Parent

If you have a secondary insurance plan, please provide that information on the backside.

Call the member services number on the back of your card and ask:

1. Does my plan cover outpatient nutrition counseling? Yes No
a. If yes, how many how many sessions are allowed? _____
b. Does my plan only cover visits that are "medically necessary"? Yes No
2. Do I have a deductible to meet first? Yes No If yes, how much? _____
3. Do I need a physician referral? Yes No
a. Note, **if you need a physician referral this must be done at least 1 week prior to our session.** You may need to provide the referral office information located at the bottom of this form.
4. What is my co-pay amount for outpatient nutrition counseling? _____
5. Is Intuitive Health Nutrition Consulting or Food Freedom Nutrition in-network with my plan?

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 a nutrition counseling session performed by any of the dietitians at Food Freedom Nutrition, I am responsible for 100% of the payment.

Signature: _____ Date: _____

I'm contracted with Blue Cross of Idaho, Regence Blue Cross Blue Shield, Idaho Physician's Network (IPN), Aetna, DMBA, Cigna, Select Health, United Healthcare, and Mountain Health Co-Op insurance. If you are contracted with another insurance company I'm happy to provide you with a superbill to submit to your insurance. **The superbill does not guarantee reimbursement.**

Food Freedom Nutrition, LLC National Provider Number: 1922415249
Chera Morris' National Provider Number: 1679087902
Medical Nutrition Therapy billing codes: 97802 and 97803
Phone Number: 208-538-9633

