



## Nutrition DeJunked

### Insurance Script

This questionnaire will guide you in navigating the insurance process and determine if your insurance plan covers our time together. We do not check client benefits, so it is your responsibility to know what your plan covers and your portion of the cost. Please complete each question before your first appointment.

Nutrition DeJunked currently accepts Blue Cross of Idaho, Medicare, Cigna, UnitedHealthcare, PacificSource, Regence Blue Shield, TriWest, Healthcare Management Administrators (HMA), and St. Luke's Health Partners (including Mountain Health CO-OP, Humana, and SelectHealth). You will be a private pay client if you are contracted with another insurance company. We are happy to provide you with a superbill to submit to your insurance company for potential reimbursement for our sessions. The superbill does not guarantee reimbursement.

We are required to use a preventative nutrition counseling billing code (Z71.3) unless another diagnosis code is provided. Coverage may change based on the billing code used. For example, some plans may not cover preventative nutrition counseling but will cover sessions for an eating disorder, diabetes, or PCOS. If you'd like us to use another diagnosis code, we need the diagnosis from a therapist, psychiatrist, or medical provider. We are happy to obtain those records for you with your permission.

If your plan does not cover dietitian visits and you have an eating disorder, your insurance is required to cover nutrition counseling under the mental health parity law if you have mental health coverage. We can obtain the diagnosis if you permit us to collaborate with your medical provider or therapist. In that case, we will do our best to advocate for more sessions with your insurance provider. We will reimburse you if insurance covers sessions with the eating disorder diagnosis code.

There are times when insurance misquotes benefits, where they may process the claim differently than they initially said they would. In case of a misquote, you are still responsible for any copay/coinsurance/deductible amount that insurance reports. If insurance declines to cover your visit(s) for any reason, you are responsible for the full fee for the service(s) rendered.

You will get an Explanation of Benefits (EOB) from your insurance company. EOBs will either be mailed or uploaded to your healthcare portal. You are responsible for understanding your benefits and checking and keeping track of your EOBs from your insurance company, and we recommend you do this to avoid any financial surprises. You may or may not receive the EOB before Nutrition DeJunked receives it and runs the charges. Our biller will contact you only if there is a problem running your card on file or if we are notified through your EOB that you have exhausted your nutrition benefits through your healthcare plan. You will receive a receipt indicating if the charge is a copay, deductible, or coinsurance with the date of service the charges are for.

If you have any questions or concerns about billing, please contact our billing department at [billing@nutritiondejunked.com](mailto:billing@nutritiondejunked.com).

Nutrition DeJunked National Provider Number: 1437779469  
Phone: (208) 615-2057 - Fax: (208) 328-5535  
2645 N Cole Rd, Ste E, Boise, ID 83704



# Nutrition DeJunked

## Personal Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

We recognize that one's name might differ from legal and insurance identification. For insurance purposes only, the name on the insurance card & sex assigned at birth if different than above:

\_\_\_\_\_

Policy Holder Name:			
Relationship to Client: (Ex: Self, Spouse, or Parent)			
Date of Birth:		Gender:	
Policy Holder Address:			
Insurance Company Name:			
Member ID:			
Group ID (if applicable):			

If you have a secondary insurance plan, please provide that information here:

Policy Holder Name:			
Relationship to Client: (Ex: Self, Spouse, or Parent)			
Date of Birth:		Gender:	
Policy Holder Address:			
Secondary Insurance Company Name:			
Member ID:			
Group ID (if applicable):			



## Nutrition DeJunked

**Call the member services number on the back of your card and ask for the following information, which will be necessary if you ever need to dispute a rejected claim:**

1. The representative's name: \_\_\_\_\_

2. Reference number for this phone call: \_\_\_\_\_

3. Does my plan cover outpatient nutrition counseling? (Inquire about these specific CPT codes: 97802 and 97803) \_\_\_\_\_

If yes, how many sessions are allowed? \_\_\_\_\_

4. Does my plan cover preventative nutrition counseling sessions (inquire about this specific diagnostic code: Z71.3)? \_\_\_\_\_

If not, does my plan cover any specific diagnoses\* for nutrition counseling? \_\_\_\_\_

*\*Can inquire about any medical conditions that you may have, such as an eating disorder, diabetes, PCOS, high cholesterol, and high blood pressure*

5. Do I need a physician referral? \_\_\_\_\_

Note that if you need a physician referral, it must be done prior to our first session. You will need to call your physician's office and have them fax over the referral to our office (fax number above) or bring the referral with you to your first appointment.

6. Do I have a deductible to meet first? \_\_\_\_\_

If yes, how much? And how much of the deductible have I met? \_\_\_\_\_

7. Will I have a copay or coinsurance?

If yes, how much? \_\_\_\_\_

8. Is telehealth covered as well? \_\_\_\_\_

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 my dietitian at Nutrition DeJunked for any reason, I will pay the full fee for the service(s) rendered.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_