



Personalized Nutrition for the Whole You

SIMPLICITY NUTRITION

NUTRITION MEDICAL BENEFITS QUESTIONNAIRE

Patient's Full Name _____



Simplicity Nutrition is committed to providing you with the best possible care. If you will be utilizing medical benefits' coverage, we are eager to help you receive your maximum allowable benefits for nutrition. In order to achieve our goals we need your assistance.

Please contact the customer service department at your insurance company to determine whether your plan has benefits covering nutritional counseling. The Customer Care number will be located on the back of your insurance card.

Please provide the following required information to the benefits' customer service representative:

- Insurance ID # which will be located on the front of your card. If you have letters please let them know.
- Your date of birth or if you are the dependent, the subscribers name and date of birth.

Please ask the insurance customer service representative the following questions:

- Do I have benefits for Medical Nutrition Therapy - CPT codes 97802 or 97803? YES NO
 - If yes, does the benefit have restricted diagnosis coverage, i.e. diabetes only coverage? _____
 - What conditions are excluded from this coverage? _____
- Do I have a nutrition co-pay for each visit? If yes, how much? \$_____
- Do I have a deductible? If yes, how much? \$_____
- Have I met my deductible? If no, how much is remaining? \$_____
- Do I have a limited number of visits per calendar year? If yes, how many? _____
 - Note: some plans have a life-time maximum.
- Is there a written coverage policy specific to nutritional counseling available on the insurance website to assist me in understanding any limitation regarding this service? If yes, how do I access this information? Website URL _____ Login Required? _____
- Does coverage for nutritional counseling require a referral from my primary care provider? YES NO
- Do I have out-of-network benefits if I choose a nutritionist outside this network? YES NO
 - If yes, at what percentage are my visits covered? %_____

Date of inquiry _____ Reference number for call _____

Customer representative's name _____



PLEASE BRING COMPLETED FORM TO YOUR SIMPLICITY NUTRITION INITIAL APPOINTMENT

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