



Insurance Verification

Hello! This will help you check your benefits.

Start by calling the 800 number on the back of your card and ask to speak with a representative. Take note of the following, as this will give you answers about whether or not nutrition services are covered on your policy.

Part One: Take note of insurance information

Your Member ID#:	
Date of Birth:	
Address:	
Subscriber's info:	Name:
	Date of Birth:
NPI number of your preferred RD: *If unsure, default to Sabrina Goshen	Sabrina Goshen NPI: 1427686377
	Lindsey Recker NPI: 1245824309
	Michael Horner NPI: 1144952847
	Nicole Gilles NPI: 1952657785
	Steven Tsaparikos NPI: 1407448665
Aligned Health Practice (facility) NPI #2	1497343925
Aligned Health Practice Tax ID# (TIN):	86-1235227
Aligned Health Practice Address:	300 E Main St Suite C, Carmel, IN 46032

Part Two: Benefits Information

Benefit Period?	
Deductible(s) / Amount Met?	
Max out of pocket?	
Copay amount (specialist)?	
Coinsurance amount (specialist)?	

Part Three: Ask the insurance rep questions

"Hi, I need to know if certain CPT procedural codes are covered on my plan. These include:...."

Check the box if you have coverage!

- | | |
|--------------------------|--|
| <input type="checkbox"/> | 97802 Medical Nutrition Therapy, Initial |
| <input type="checkbox"/> | 97803 Medical Nutrition Therapy, Follow-up |

Please note that the rep may say "is this for nutrition counseling or nutrition therapy?" The answer is "yes."

If you have Anthem or Cigna, ask about coverage for these codes as well- "I have four additional codes to check...."

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 99401 Preventative Counseling Medicine, 15 min. |
| <input type="checkbox"/> | 99402 Preventative Counseling Medicine, 30 min. |
| <input type="checkbox"/> | 99403 Preventative Counseling Medicine, 45min. |
| <input type="checkbox"/> | 99404 Preventative Counseling Medicine, 60 min. |

"I understand these procedures can sometimes be limited to certain diagnosis (ICD-10) codes. Can you check and see if these diagnoses are covered?"

- | | |
|--------------------------|--------|
| <input type="checkbox"/> | Z71.3 |
| <input type="checkbox"/> | Z68.25 |
| <input type="checkbox"/> | Z68.30 |

<input type="checkbox"/>	I10
<input type="checkbox"/>	Z72.4
<input type="checkbox"/>	List other diagnosis provided by your doctor or dietitian:

"Do any of these procedure codes (CPT codes) have a maximum benefit limit?" Check one:

<input type="checkbox"/>	Yes. List the limit:
<input type="checkbox"/>	No, unlimited visits as long as medically necessary

Final questions!

<input type="checkbox"/>	Is a prior authorization required?
<input type="checkbox"/>	Do I need a PCP (primary care provider) / Doctor's referral?
<input type="checkbox"/>	Are these procedures covered via telehealth / telemedicine? *Note, tell them the "POS (Place of Service)" is #2

When and if you choose to complete this form, upload it to your patient portal and/or email it to Billing for it to be added to your chart for later reference. Our goal is to get your insurance to cover at 100% (if possible). This form will help us to do that!

Thank You!



We are here to help! If you are having struggles or have questions, please contact the Billing Department:

billing@alignedhealthpractice.com
317-210-3722 (call or text)