



Aligned
HEALTH PRACTICE

INSURANCE VERIFICATION FORM

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.

Date: _____ Time: _____ Representative: _____

Policy type: PPO HMO POS Other: _____

Benefit Period: _____ to _____

Does this policy have Nutrition Counseling / Medical Nutrition Therapy Benefits? Y N

*CPT Codes (97802, 97803, 97804)

*If they say you do not have coverage using those codes NEXT ask them to check your coverage for the following CPT codes: 99401, 99402, 99403 and 99404.

Is this benefit limited to a specific diagnosis or co-morbidity? _____

If so, which ones? _____

Is there a Physician referral needed? Y N

Is there both in-network and out-of-network benefits? Y N

<u>In-Network</u>	<u>Out-of-Network</u>	<input type="checkbox"/> No benefit
Limit to the # of visits: _____	Limit to the # of visits: _____	
Limit to the # of units: _____	Limit to the # of units: _____	
Deductible applies: _____	Deductible applies: _____	
Copay / Coinsurance: _____	Copay / Coinsurance: _____	

Is this a Grandfathered OR Non-grandfathered policy? Grandfathered Non-grandfathered

Notes: _____

Reference # _____

