



**Healthy Mission Dietitian, Inc.**

# Insurance Benefits/Eligibility Questionnaire

*It is recommended that you have your insurance card on hand and read through this form in its entirety before calling your insurance company so you are familiar with the key points. You are expected to know your own benefits and this form is meant to help you get a better understanding of your insurance benefits for nutrition services with a Registered Dietitian.*

*Healthy Mission Dietitian, Inc. is currently in-network with the following insurance plans - Anthem Blue Cross, Blue Shield of CA, Medicare, HealthNet, and United Healthcare.*

*Coverage varies greatly between plans. Please know that eligibility/benefits information is not a guarantee that insurance will cover your session however, asking them these questions and getting the right information can be helpful to get the coverage you need.*

*By completing this form and sharing the answers with Healthy Mission Dietitian, Inc., we can work together to determine the best plan of care for your within and outside of your health insurance benefits.*

**Start by calling the 800 number (member services) on the back of your insurance card and ask to speak with a representative. Follow the steps below to see if your insurance will cover the cost of nutrition counseling for your visit.**

Do I have nutritional counseling coverage on my insurance plan? Yes  No

Are the following CPT codes covered?

	Yes	No
CPT 97802		

CPT 97803		
CPT 99401		
CPT 99403		
CPT 99404		

**Do I have preventative nutrition benefits?**

Ask the representative if the following codes are covered and how many units or visits are covered

	Yes	No	How many visits per year?
Is the diagnosis code z71.3 covered?			
Is the diagnosis code z72.4 covered?			

**Will my diagnosis be covered?**

If you have been pre-diagnosed by your doctor with a health condition - ask the insurance rep if it is covered. Write down the diagnosis code and check yes or now and list how many units/visits are covered

examples of diagnoses - Diabetes (E11.8), Hypertension/High Blood Pressure (I10), Overweight (E66.3), Obesity (E66.9), CKD Stage 3 (N18.31 or N18.32), CKD Stage 4 (N18.4), CKD Stage 5 (N18.5)

Diagnosis	Yes it is covered	No, not covered	How many visits per year?

Does my plan only cover visits that are "medically necessary"? Yes      No

Do I have to meet my deductible before nutrition services are covered? Yes      No

Have I met my deductible? Yes      No

In the event you have a deductible, your insurance company will not cover the cost of the visit and we will not be able to bill your insurance company directly. You will be required to pay for the cost of the visit.

Initial consultation - \$380

Follow up visit - \$190

We will provide you with the appropriate documentation to submit to your insurance company to show receipt of the services. This will allow you to "pay down" your deductible. Once your deductible has been met and you have nutrition services on your policy, we can then directly bill your insurance company.

**I acknowledge the above information regarding my deductible.** Yes No

**Do I have a co-pay for nutritional counseling?**

For most insurance companies, we are considered specialists. Therefore, your specialist co-pay may be applicable and is payable at the time of service. This information is often apparent on the front of your actual insurance card. However, because we usually bill your insurance with preventative counseling the co-pay is often not applicable. We generally wait for the claim to be processed to determine whether or not you have a co-pay and then charge the credit card you have on file with us the co-pay amount.

Yes No

**How much is my copayment?**

**Are telehealth services covered under my plan?**

During the COVID19 pandemic, most plans have allowed for telehealth sessions to be covered. However, all plans differ.

Yes No

**Is Healthy Mission Dietitian, Inc (NPI# 1386279792) covered under my plan?**

Yes No

**Is Edith Yang (NPI# 15987197402) covered under my plan?**

Yes No

**Write down the name of the representative helping you**

**Ask for a reference number for your call**

**Client**

By signing this form, I acknowledge that the above information is true and correct to the best of my knowledge. I understand that despite obtaining the answers to the above questions, insurance may not cover my visit and I may be responsible for payment of my sessions with Healthy Mission Dietitian, Inc.

X

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**Print name:**

**Date:**