

Insurance Script

I realize that working with insurance can seem overwhelming and at times frustrating. The purpose of this script is to give you guidance in negotiating the insurance process and ensure you are fully aware of what services are and are not covered. ***I ask that you complete each step before your first appointment and bring this document with you to your first appointment.***

Primary Insurance & Policy #		Group #
Policy Holder, Name	DOB	Relationship to Client
Policy Holder Address		Self Spouse Parent Other

Secondary Insurance & Policy #		Group #
Policy Holder, Name	DOB	Relationship to Client
Policy Holder Address		Self Spouse Parent Other

Steps to take PRIOR to your appointment:

1. Request from your physician a written referral. This referral is often written on a prescription note. The physician needs to write “referral for medical nutrition therapy” (MNT) and identify the diagnosis and the diagnostic code (ICD-9) for which MNT is being ordered.
2. This written referral establishes that the physician sees MNT as an important aspect of treatment.
3. Call the member services number on the back of your insurance card. Report to them that MNT has been ordered by your physician. You may need to also inform the benefits coordinator of the physician’s diagnosis as MNT may be covered for one disease state, but not for another. For example, MNT for diabetes may be covered, but MNT for anorexia nervosa may not be covered.
4. Here are some important questions to ask.
 - Does my plan cover outpatient nutrition counseling? Yes No
 - a. If yes, how many sessions are allowed? _____
 - b. Does my plan only cover visits that are considered “medically necessary”? Yes No
 - Do I have a deductible to meet first? Yes No If yes, how much is the deductible? _____
 - What is my co-pay amount for outpatient MNT? _____ Note: MNT is sometimes considered as a “specialist” and the co-pay may be different than what is listed on your card.
 - For what medical diagnoses will my insurance cover MNT? _____
5. Bring your insurance card so we can make a copy of it at our first appointment.
6. You will be provided a superbill to submit to your insurance company for reimbursement for our sessions. **The superbill does not guarantee reimbursement.**
7. Do not hesitate to contact me if you have any questions or concerns about working with your insurance.

My signature certifies that I have read and completed this form to the best of my ability. I understand that fees for services I receive at Reidenbach Nutrition, LLC will be collected at the beginning of each of our sessions. My insurance company will reimburse me directly.

Signature _____ Date _____