

	<div style="text-align: right;"> <h1 style="margin: 0;">Nutrition First</h1> <p style="margin: 0;"><i>Because it matters.</i></p> </div> <p style="text-align: center;"> LuAnne Petrie Nutrition Consultant MS, RD, CDE </p> <p style="text-align: right;"> 415 State Route 34 Colts Neck NJ 07722 info@nutritionfirstllc.com www.nutritionfirstllc.com (908) 692-4140 </p>
---	---

VERIFICATION OF INSURANCE COVERAGE

Being referred to me by your physician, finding my name on your insurance company's web site, or learning that I am a "credentialed provider" does not (unfortunately) verify that your visit(s) with me will be "covered." **Coverage depends on your specific insurance plan** (not just the company). To verify coverage, you must call your insurance company (member services phone #) with your insurance card in front of you (they will ask for your ID number). Be sure to mention *all* diagnoses if you have more than one; it sometimes increases the number of visits that will be covered.

Use the form below to ask them questions so that you can fully understand the extent to which your nutritional therapy will be covered by insurance. Please make sure that you get the answers to *all* of the questions, and bring this form with you to your appointment.

General Info

Patient Name _____

Date of Call _____ Time of Call _____

Name of Insurance Company Representative _____

Am I covered?

1. Is my policy active? __Y__N
2. Do I have coverage for Medical Nutrition Therapy (MNT) (Code 97802 [initial] and 97803 [follow-up])? __Y__N
3. Is my diagnosis covered under this plan? __Y__N
4. Is LuAnne Petrie MS, RD, CDE, Nutrition First LLC credentialed with my insurance plan (her tax ID number is 27-3294518, or NPI 1013971878)
5. If not, do you pay for "Out of Network Services"?

If you got a "yes" answer to questions 1, 2, 3, and either 4 or 5, you should continue with the questions that follow to learn the extent of your coverage. Otherwise, you will be responsible for full payment for your treatment.

 <p>Nutrition First</p>	<p>LuAnne Petrie Nutrition Consultant MS, RD, CDE</p>	<p>Nutrition First <i>Because it matters.</i></p> <p>415 State Route 34 Colts Neck NJ 07722 info@nutritionfirstllc.com www.nutritionfirstllc.com (908) 692-4140</p>
---	--	--

What are the details of my coverage?

Is a referral needed? __Y__N

Is Pre-Authorization Needed? __Y__N Pre-Authorization # (if any) _____

What is the deductible (if any)? _____ What is the Co-Pay/Co-Insurance (if any)? _____

How many visits am I allowed? _____ What length of visit (mins.) am I allowed? _____

Are there any exceptions? _____

What is the reference number for this call? _____

Additional Notes _____

