



## PATIENT INSURANCE VERIFICATION OF BENEFITS FORM

Please contact your insurance company to determine whether your plan has benefits that will cover nutritional counseling. The phone number is listed on the back of your insurance card.

Client Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**📞 Please ask your insurance customer service representative the following questions:**

Do I have benefits for nutritional counseling CPT codes (97802 or 97803)?  Yes  No

If yes, does the benefit have restricted diagnosis coverage?  Yes  No

If yes, what conditions are excluded from this coverage? \_\_\_\_\_

Do I have a co-pay for each visit?  Yes  No If yes, amount? \_\_\_\_\_

Do I have a deductible?  Yes  No If yes, amount of deductible \$ \_\_\_\_\_

Have I met my deductible?  Yes  No If no, how much is left? \_\_\_\_\_

Do I have a restricted number of visits per year for nutritional counseling?  Yes  No  
If yes, # of visits: \_\_\_\_\_

Does nutritional counseling require a referral or a written order from my primary care provider?  
 Yes  No

Does nutritional counseling require pre-authorization prior to my visit?  Yes  No

I am scheduled to see counselor:  Anita Bermann, MS, RDN, CD (NPI #1245608009)

Is this provider contracted with my medical plan as a preferred provider?  Yes  No

Do I have out of network benefits?  Yes  No

\*\*Thank you for assisting Intuitive Feast in clarifying your nutritional counseling benefits.  
It is important that you complete this for and present it at your first visit.\*\*

*Patient/Responsible Party Signature*

*Date*