

Insurance Script

The purpose of this script is to give you guidance in negotiating the insurance process and ensure that our time together is covered by your insurance plan. **We ask that you complete each step 1 week prior to your first appointment and bring this document with you to your first appointment.**

Please bring your insurance card to session.

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

If you have a secondary insurance plan, please provide that information on the backside.

Call the member services number on the back of your card and ask:

1. Does my plan cover outpatient nutrition counseling (CPT code 97802 & 97803)? Yes No
 - a. If yes, how many how many sessions are allowed? _____
 - b. Does my plan only cover visits that are “medically necessary”? Yes No
 - c. Is my diagnosis excluded? Yes No
2. Do I have a deductible to meet first? Yes No If yes, how much? _____
3. Do I need a physician referral? Yes No
 - a. Note, **if you need a physician referral this must be done at least 1 week prior to our session.** You may need to provide the referral office information located at the bottom of this form.
4. What is my co-pay or coinsurance amount for outpatient nutrition counseling? _____
5. Please provide a reference number for this call: _____

My signature certifies that I have read and completed this form to the best of my ability. I understand that if insurance denies coverage for a nutrition counseling session performed by Alyssa McKinney, RD, LD I am responsible for 100% of the payment.

Signature: _____ Date: _____

****Note: At this time Alyssa McKinney RD, LD only accepts Blue Cross Blue Shield Insurance. If you are contracted with another insurance company we are more than happy to provide you with a superbill to submit to your insurance company for reimbursement for our sessions. *The superbill does not guarantee reimbursement.***

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