

Jessica Dean 1548656291
Provider NPI: Amy Drachenberg 1356904221
Group NPI: 1659900405
EIN: 84-2552315

Verification of Benefits Form

Obtain copy of front & back of insurance card card & copy of patient's driver license

Patient's Name: _____

Patient's Date of birth: _____

Home Address : Street _____ City _____ State _____ Zip _____

Name of Insurance: _____

Applicable ICD 10 codes: _____

Date: _____ Time: _____ Representative: _____

Policy type: PPO HMO POS Other _____

Benefit period: From _____ To _____

Is this a FULLY funded plan? Yes No Is this a SELF-funded plan? Yes No

Is this policy a grandfathered plan not needing to adhere the ACA? Yes No

Does this policy have Nutrition Counseling/Medical Nutrition Therapy Benefits? Yes No

Which CPT codes are covered on this policy? 97802 97803 97804 S9470 99401-99404

Are BOTH preventative nutrition services covered under Health Care Reform AND medical benefits covered? Yes No

Does this plan cover telehealth services? Yes No

Is there a co-pay for telehealth services Yes No Amount \$ _____

Does this plan require an MD referral Yes No

Does this plan require prior authorization for nutrition services Yes No Comments _____

Does this plan require the dietitian submit medical documentation Yes No

Fax # to send notes _____

Coverage for PREVENTATIVE MNT services includes:

Comments:

Number of visits _____
Limit on number of units _____
Deductible applies \$ _____
Co-pay applies \$ _____
Co-insurance applies _____ %

Coverage for MEDICAL MNT services includes:

Comments:

ICD 10 codes to verify _____
Number of visits _____
Limit on number of units _____
Deductible applies \$ _____
Co-pay applies \$ _____
Co-insurance applies _____ %

Reference # for this call _____