Verify Insurance Benefits

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Name: Home address: Insurance Plan:		DOB:	Phone nu	mber:	Email:	
Insurance ID Nun Policy type: □	nber: I PPO	□ нмо	□ POS	☐ Other:		
• Is nutrition 99404	n counselin	ng covered? <i>Pleas</i>	e ask about thes	e codes - 9780	2, 97803, 97804, 99401, 994	02, 99403,
• Is my diagr	nosis cover	ed? (you can get	this diagnosis f	rom your doc	tor)	
• Is this bend	efit limited	to a specific diag	nosis or co-mo	rbidity?		
• Is the diag	nosis code	Z71.3 covered as	preventive?			
• Do I need company?	a referral o	r prior authoriza	tion? Does my	PCP need to	make a direct referral to the	insurance
• Is nutrition	n counselis	ng covered when	provided via te	lehealth?		
-		covered per calen		0 ,	particular insurance, the nu	mber of visits
• What is co	nsidered a	calendar year for	my current po	licy?		
					a deductible we will not be at due before each visit.	ble to initially
Therefore,	your specia		icable and is pa	•	anies we are considered a spec me of service. This informatio	

- Is Elise Liu (NPI 1679053680) covered under my plan? If not, what are my out-of network nutrition benefits?
- Are there out-of-network benefits? If so, how many visits, deductible, copay/coinsurance?
- Write down the reference number for your call.