



1510 SE 44<sup>th</sup> Ave, Suite 105  
Portland, OR 97215  
503-234-7280

## Determining Health Insurance Eligibility

Nourish Northwest, LLC gladly provides billing services for its patients. Before billing can take place, patient eligibility must be clarified. It is the patient's responsibility to be informed as to coverage, copy, and deductible.

First, call the number on your insurance card listed for customer service, benefits and eligibility, or subscriber services, and ask the representative the following questions:

1. What was the name of the representative I spoke with \_\_\_\_\_ Date \_\_\_\_\_

2. When did my coverage begin and when is it valid thru?

Beginning Date of Coverage \_\_\_\_\_ Ending Date of Coverage \_\_\_\_\_

3. Do I need a referral from my primary care physician (PCP) for dietitian services?

\_\_\_ Yes \_\_\_ No

4. Does my plan cover nutrition counseling (or medical nutrition therapy) by a registered dietitian (RD) in an office setting? (Some insurance plans only cover in hospital settings).

If yes, for which diagnoses? \_\_\_\_\_

\_\_\_\_\_

(Some insurance plans only cover for diabetes and kidney disease while others are more flexible. Only a physician or other qualified healthcare professional can make a diagnosis. Common diagnoses covered by insurance companies for RD visits include high blood pressure, high cholesterol, digestive problems, eating disorders, diabetes, obesity, food allergies, and other nutrition-related conditions).

5. Confirm coverage for the appropriate procedural (CPT) codes. The CPT codes used in our office are:

- 97802 (initial consultation)
- 97803 (follow-up consultation)

6. Is there a limit to the number of sessions and length of time per each session?

\_\_\_\_\_



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7. Is the dietitian I want to see (Olivia Martino MS, RD, LD or Paula Jahn, MS, RD, LD) in-network/preferred provider with my insurance?

\_\_\_ Yes \_\_\_ No

8. If our RDs are not in your insurance network, inquire about any out-of-network benefits.

9. Is there a co-pay per visit? If so, how much\_\_\_\_\_

10. What is my deductible for the year and has any or all of it been met?

Deductible \$\_\_\_\_\_ Amount of Deductible met so far \$\_\_\_\_\_ Date\_\_\_\_\_

I have reviewed the above information and understand that services rendered are my responsibility. If there are services not covered by my insurance company, I am responsible for payment of those charges.

Signature

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Please call our office if you have any further questions. Thank you!

Office phone: 503.234.7280