Mid Atlantic Nutrition Specialists, LLC  
Olde Mill Court

101 W. Main Street

Salunga, PA 17538

Nutrition Insurance Inquiry:

This is a guide for you to follow when calling to find out if your insurance will cover nutrition visits with one of the Registered Dietitians at Mid Atlantic Nutrition Specialists. You will need your insurance card handy before you call. Call the customer service number listed on your card.

1.Check to see that your provider is listed as an in-network provider for your particular plan.

You may need her NPI#

Nicole Keever’s NPI: 1134459803 Circle: Yes No

Danielle Parris’s NPI: 1235544883 Circle: Yes No

Jacklyn Van Arsdale’s NPI: 1184909541 Circle: Yes No

Shannon Leaman’s NPI: 1225636046 Circle: Yes No

Practice’s Group NPI: 1841690237 Circle: Yes No

2. Ask if Medical Nutrition Therapy is a covered benefit under your plan:

CPT codes are

Initial Assessment: 97802 Yes No

Follow Up Sessions: 97803 Yes No

Group Sessions: 97804 Yes No

3. Ask if there are any limitations regarding diagnosis codes. If you know your ICD10/diagnosis code (if you have a referral from your doctor), ask about that specific code.

\*If you have Highmark Blue Shield, ask if it is subject to Medical Policy V-44

4. Are there any limitations on the number of visits you have per year/benefit period.

5. Is there a co-pay for your visits. Yes, amount:\_\_\_\_\_\_\_ No

6. Ask if your visits will be subject to your deductible. If so, have you met your deductible for the year? When does your deductible reset?

7. Is Nutrition Therapy subject to co-insurance. If so, what is the split so you can have a good idea of your out of pocket expense.

Yes, amount:\_\_\_\_\_\_\_ No

8. Ask for the representative’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reference Number for the Call: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*It is a great idea to bring a copy of this completed form to your first session and we will copy it for your file in the event insurance denies coverage for a visit in the future.