Mid Atlantic Nutrition Specialists, LLC
Nicole Keever, MS RD LDN

Danielle Parris, MS RD LDN

Jacklyn Van Arsdale, MA, NCC, RD LDN

Morgan Skatz, RD LDN

Olde Mill Court

101 W. Main St, Unit G2

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 Nicole Keever, Danielle Parris, Jackie Van Arsdale, or Morgan Skatz at Mid Atlantic Nutrition Specialists. You will need your insurance card handy before you call.

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

Nicole’s NPI#: 1134459803 Circle: Yes No

Danielle’s NPI#: 1235544883 Circle: Yes No

Jackie’s NPI#: 1184909541 Circle: Yes No

Morgan’s NPI#: 1346851516 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 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. Ask if there are any limitations on the number of visits you have per year/benefit period.

5. Ask if there is 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. Ask if nutrition therapy is 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 Nicole will copy it for your file in the event insurance denies coverage for a visit in the future.