

Simply You Nutrition, PLLC
2021 Health Insurance
Questionnaire



This form is required to be completed if you wish for your clinician at Simply You Nutrition, PLLC to bill your insurance company for their services. Please upload a copy of your insurance card to your shared documents folder before your first appointment.

Will you be utilizing your insurance benefits for your nutrition therapy sessions at Simply You Nutrition, PLLC? Yes No

What is your PRIMARY insurance company name?

(e.g. Aetna, BlueCross BlueShield of Oklahoma***, Cigna, HealthChoice, UnitedHealthcare, UMR)

***If the BlueCross BlueShield plan is not an Oklahoma plan, please make sure to indicate the plan's home state such as: "BlueCross BlueShield of Illinois" or "BlueCross BlueShield of Tennessee" etc.

What is your PRIMARY insurance company's payer ID?

(this is a five-digit number that is specific to insurance company name and plan—it may be listed as the EDI#)

What is your PRIMARY insurance member ID?

(it might be listed as the policy number)

What is your PRIMARY insurance group number?

(not all insurances have a group number—if yours doesn't, please write "none listed")

Whom is the PRIMARY insurance policy holder?

Last, First Middle

What is your relationship to the PRIMARY insurance policy holder?

- Self
- Spouse
- Child
- Life Partner
- Other

If "Other", please specify

What is the date of birth of the PRIMARY insurance policy holder?

Do you have SECONDARY insurance?

Yes

No

What is your SECONDARY insurance company name?

(e.g. Aetna, BlueCross BlueShield of Oklahoma***, Cigna, HealthChoice, UnitedHealthcare, UMR)

***If the BlueCross BlueShield plan is not an Oklahoma plan, please make sure to indicate the plan's home state such as: "BlueCross BlueShield of Illinois" or "BlueCross BlueShield of Tennessee" etc.

What is your SECONDARY insurance company's payer ID?

(this is a five-digit number that is specific to insurance company name and plan—it may be listed as the EDI#)

What is your SECONDARY insurance member ID?

(it might be listed as the policy number)

What is your SECONDARY insurance group number?

(not all insurances have a group number—if yours doesn't, please write "none listed")

Whom is the SECONDARY insurance policy holder?

Last, First Middle

What is your relationship to the SECONDARY insurance policy holder?

- Self
- Spouse
- Child
- Life Partner
- Other

If "Other", please specify

What is the date of birth of the SECONDARY insurance policy holder?

Checking Your Insurance Benefits

This section will guide you through checking your nutrition therapy/nutrition counseling benefits to ensure that our time together is covered by your insurance plan.

Please note Simply You Nutrition, PLLC is a medical provider and currently only accepts Aetna, BlueCross BlueShield of Oklahoma, Cigna, HealthChoice, and UnitedHealthcare insurance at this time. To ensure provider coverage, please check for Sydney Caveró-Egúsquiza in your plan's list of approved providers. To ensure insurance coverage and confirm details of your plan's coverage, please call your insurance company and complete the form below. My being an in-network provider with your insurance does not guarantee coverage by your specific plan.

If you are contracted with another insurance company, I am more than happy to provide you with a superbill to submit to your insurance company with their claim form for reimbursement for our sessions. The superbill does not guarantee reimbursement.

Please call the member services number on the back of your insurance card and ask the following questions regarding your MEDICAL benefits and coverage:

Is Sydney Caveró-Egúsquiza on my plan's list of approved providers? Yes No

Since she's not an in-network provider on my plan, does my plan offer out-of-network (OON) benefits? Yes No

Does my plan cover outpatient medical nutrition therapy/nutrition counseling (CPT codes 97802 and 97803)? Yes No

Is there a limit on number of allowed visits? Yes No

How many visits are allowed?

Is there a limit on number of allowed units? Yes No
(a "unit" of time is 15 minutes in length—an example would be that 4 units is 60 minutes, or 1 hour)

How many units are allowed?

(a "unit" of time is 15 minutes in length—an example would be that 4 units is 60 minutes, or 1 hour)

Does my plan only cover "medically necessary" visits, or do they allow preventative services (such as ICD-10 code Z71.3—Dietary counseling and surveillance) as a primary diagnosis?

My plan only covers "medically necessary visits"

My plan allows preventative services (such as ICD-10 code Z71.3--Dietary counseling and surveillance) as a primary diagnosis

Other

If "Other", please specify

Are telehealth visits covered for medical nutrition therapy/nutrition counseling (CPT codes 97802 and 97803)?

Yes

No

Do I have a deductible to meet first?

We recommend asking if there's a deductible for "medical nutrition therapy/nutrition counseling" OR for "telemedicine nutrition counseling". While these services use the same procedure code, some plans' benefits differ between in-person sessions versus telehealth sessions.

Yes

No

How much is the deductible?

\$XXXX.XX

How much of the deductible have I met?

\$XXXX.XX

Do I have a copay or co-insurance for outpatient nutrition therapy/nutrition counseling?

Yes

No

How much is the copay or co-insurance?

\$XX.XX or XX%

Do I need a physician referral?

(Please note if a physician referral is required for coverage of nutrition therapy services, your clinician at Simply You Nutrition will need the referral faxed from your physician before you can schedule your appointment.)

Yes

No

Please record the representative's name you spoke with as well as the call reference number when checking your benefits.

This information will be necessary if you ever need to dispute a rejected claim.