

**Simply You Nutrition, PLLC**  
Health Insurance  
Questionnaire (Website)



*The first part of this form is required to be completed if you wish for your clinician at Simply You Nutrition, PLLC to bill your insurance company(ies) for their services. Your clinician will run an eligibility check prior to your first session, and they will use the information provided to submit claims to your insurance on your behalf after each nutrition therapy session. (This section is denoted with a "REQUIRED SECTION" heading.)*

*The second part of this form is NOT required. It's for your convenience if you'd like to check your insurance benefits for your plan's specific coverage. The Checking Your PRIMARY/SECONDARY Insurance Benefits sections will give you all of the questions you'll need to figure out if your clinician is an in-network provider on your plan, if your plan covers nutrition therapy, if there are limits to the coverage, if there's a deductible, and so much more! If you decide to call, we expect it to take 10-15 minutes for this call with your insurance. (These sections are denoted with a "NOT A REQUIRED SECTION" heading.)*

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## **REQUIRED SECTION**

### **What is your PRIMARY insurance company name?**

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

\*\*\*SPECIAL NOTE\*\*\* 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#)

\*\*\*SPECIAL NOTE\*\*\* If you have BlueCross BlueShield insurance—regardless of whether the plan is an Oklahoma plan, a federal plan, or another state's plan—the payer ID is 00840

**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")

**What is your relationship to the PRIMARY insurance policy holder?**

Self (I am the PRIMARY insurance policy holder)

Spouse (my spouse is the PRIMARY insurance policy holder)

Child (my parent is the PRIMARY insurance policy holder)

Partner (my partner is the PRIMARY insurance policy holder)

Other

*If "Other", please specify*

**What is the full legal name of the PRIMARY insurance policy holder?**

Legal first name

Last name

Middle name

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

## What is the address of the PRIMARY insurance policy holder?

Street

Unit

City

State/Province

Postal code

## What is the phone number of the PRIMARY insurance policy holder?

XXX-XXX-XXXX

## What is the gender of the PRIMARY insurance policy holder?

(Yes, this is an actual box on the form insurance companies require to be completed in order to submit the insurance claims, and we're so sorry to inform you that they force one of the two below options to be input into the form, and they will not accept a blank box or an entry of "decline to answer" or "prefer not to say". Please select the option as it is listed on the insurance records. This feels icky to us, but the claims get sent back/rejected without it.)

Man/Boy/Male

Woman/Girl/Female

## Do you have SECONDARY insurance?

If you do not have SECONDARY insurance, you do not need to fill out any of the SECONDARY insurance questions. Please skip forward to the "Checking your PRIMARY Insurances Benefits (OPTIONAL)" section below (page 6).

Yes

No

## What is your SECONDARY insurance company name?

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

\*\*\*SPECIAL NOTE\*\*\* 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#)

\*\*\*SPECIAL NOTE\*\*\* If you have BlueCross BlueShield insurance—regardless of whether the plan is an Oklahoma plan, a federal plan, or another state's plan—the payer ID is 00840

**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")

**What is your relationship to the SECONDARY insurance policy holder?**

- Self (I am the SECONDARY insurance policy holder)
- Spouse (my spouse is the SECONDARY insurance policy holder)
- Child (my parent is the SECONDARY insurance policy holder)
- Partner (my partner is the SECONDARY insurance policy holder)
- Other

*If "Other", please specify*

**What is the full legal name of the SECONDARY insurance policy holder?**

Legal first name

Last name

Middle name

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

## What is the address of the **SECONDARY** insurance policy holder?

Street

Unit

City

State/Province

Postal code

## What is the phone number of the **SECONDARY** insurance policy holder?

XXX-XXX-XXXX

## What is the gender of the **SECONDARY** insurance policy holder?

(Yes, this is an actual box on the form insurance companies require to be completed in order to submit the insurance claims, and we're so sorry to inform you that they force one of the two below options to be input into the form, and they will not accept a blank box or an entry of "decline to answer" or "prefer not to say". Please select the option as it is listed on the insurance records. This feels icky to us, but the claims get sent back/rejected without it.)

Man/Boy/Male

Woman/Girl/Female

## NOT A REQUIRED SECTION

## Checking Your PRIMARY Insurance Benefits (OPTIONAL)

This section is optional and will guide you through checking your nutrition therapy/nutrition counseling benefits to gather information and learn if our time together is covered by your PRIMARY insurance plan.

Please note Simply You Nutrition, PLLC is a medical provider and is currently only contracted with Aetna, BlueCross BlueShield of Oklahoma, Cigna, HealthChoice, and UnitedHealthcare insurance. If you have different insurance, you can still ask your insurance company about your plan's out-of-network (OON) benefits. If using out-of-network benefits, you'll pay Simply You Nutrition, PLLC directly, and upon doing so you'll receive a Superbill (itemized receipt) to submit for \*\*\*potential\*\*\* out-of-network reimbursement.

\*\*\*PLEASE NOTE: SUPERBILLS DO 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 Caverro-Egúsquiza on my PRIMARY plan's list of approved providers?**

Your provider being in-network and/or contracted with your insurance does not guarantee coverage by your specific plan.

Yes

No

**Since Sydney is not an in-network provider on my PRIMARY plan, does my plan offer out-of-network (OON) benefits?**

You can still ask your insurance company about your plan's out-of-network (OON) benefits!

If you're using out-of-network benefits, you'll pay Simply You Nutrition, PLLC directly, and upon doing so you'll receive a Superbill (itemized receipt) to submit for \*\*\*potential\*\*\* out-of-network reimbursement.

Yes

No

Many (not all!) insurance plans will let you submit a Superbill to them for consideration of reimbursement.

**Does my PRIMARY plan cover outpatient medical nutrition therapy/nutrition counseling (CPT codes 97802 and 97803)?**

Yes

No

**Is there a limit on number of allowed visits on my PRIMARY plan?**

Yes

No

**How many visits are allowed on my PRIMARY plan?**

**Is there a limit on number of allowed units per visit on my PRIMARY plan?**

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 per visit are allowed on my PRIMARY plan?**

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

**Does my PRIMARY 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?**

(Please note if your plan only covers "medically necessary visits", your clinician at Simply You Nutrition will need a recent note of your care including your medical diagnosis faxed from your physician, psychiatrist, or therapist before you can schedule your appointment.)

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

My PRIMARY plan only covers "medically necessary visits"

Other

*If "Other", please specify*

**Are telehealth/telemedicine/virtual visits covered for medical nutrition therapy/nutrition counseling (CPT codes 97802 and 97803) with Sydney Caverro-Egúsquiza at Simply You Nutrition on my PRIMARY plan?**

Yes

No

**Do I have a deductible to meet first on my PRIMARY plan?**

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 on my PRIMARY plan?**

\$XXXX.XX

**How much of the deductible have I met on my PRIMARY plan?**

\$XXXX.XX

**Do I have a copay or co-insurance for outpatient nutrition therapy/nutrition counseling on my PRIMARY plan?**

Yes

No

**How much is the copay or co-insurance on my PRIMARY plan?**

\$XX.XX or XX%

**Do I need a physician referral on my PRIMARY plan?**

(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 on your call to your PRIMARY plan 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.

**NOT A REQUIRED SECTION**



## Checking Your SECONDARY Insurance Benefits (OPTIONAL)

This section is optional and will guide you through checking your nutrition therapy/nutrition counseling benefits to gather information and learn if our time together is covered by your SECONDARY insurance plan.

Please note Simply You Nutrition, PLLC is a medical provider and is currently only contracted with Aetna, BlueCross BlueShield of Oklahoma, Cigna, HealthChoice, and UnitedHealthcare insurance. If you have different insurance, you can still ask your insurance company about your plan's out-of-network (OON) benefits. If using out-of-network benefits, you'll pay Simply You Nutrition, PLLC directly, and upon doing so you'll receive a Superbill (itemized receipt) to submit for \*\*\*potential\*\*\* out-of-network reimbursement.

\*\*\*PLEASE NOTE: SUPERBILLS DO 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 Caverro-Egúsquiza on my SECONDARY plan's list of approved providers?**

Your provider being in-network and/or contracted with your insurance does not guarantee coverage by your specific plan.

Yes

No

**Since Sydney is not an in-network provider on my SECONDARY plan, does my plan offer out-of-network (OON) benefits?**

You can still ask your insurance company about your plan's out-of-network (OON) benefits!

If you're using out-of-network benefits, you'll pay Simply You Nutrition, PLLC directly, and upon doing so you'll receive a Superbill (itemized receipt) to submit for \*\*\*potential\*\*\* out-of-network reimbursement.

Yes

No

Many (not all!) insurance plans will let you submit a Superbill to them for consideration of reimbursement.

**Does my SECONDARY plan cover outpatient medical nutrition therapy/nutrition counseling (CPT codes 97802 and 97803)?**

Yes

No

**Is there a limit on number of allowed visits on my SECONDARY plan?**

Yes

No

**How many visits are allowed on my SECONDARY plan?**

**Is there a limit on number of allowed units per visit on my SECONDARY plan?**

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 per visit are allowed on my SECONDARY plan?**

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

**Does my SECONDARY 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?**

(Please note if your plan only covers "medically necessary visits", your clinician at Simply You Nutrition will need a recent note of your care including your medical diagnosis faxed from your physician, psychiatrist, or therapist before you can schedule your appointment.)

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

My SECONDARY plan only covers "medically necessary visits"

Other

*If "Other", please specify*

**Are telehealth/telemedicine/virtual visits covered for medical nutrition therapy/nutrition counseling (CPT codes 97802 and 97803) with Sydney Caverro-Egúsquiza at Simply You Nutrition on my SECONDARY plan?**

Yes

No

**Do I have a deductible to meet first on my SECONDARY plan?**

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 on my SECONDARY plan?**

\$XXXX.XX

**How much of the deductible have I met on my SECONDARY plan?**

\$XXXX.XX

**Do I have a copay or co-insurance for outpatient nutrition therapy/nutrition counseling on my SECONDARY plan?**

Yes

No

**How much is the copay or co-insurance on my SECONDARY plan?**

\$XX.XX or XX%

**Do I need a physician referral on my SECONDARY plan?**

(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 on your call to your SECONDARY plan 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.