



Insurance Script

We realize that working with insurance can seem overwhelming and at times frustrating. The purpose of this script is to give you guidance in negotiating the insurance process and ensure that our time together is covered by your insurance plan. **We ask that you complete each step before your first appointment and bring this document with you to your first appointment.**

Primary Insurance & Policy #			Group #	
Policy Holder, Name:		DOB		Relationship to Client
Policy Holder, Address:				Self Spouse Parent Other

Secondary Insurance & Policy #			Group #	
Policy Holder, Name:		DOB		Relationship to Client
Policy Holder, Address:				Self Spouse Parent Other

Steps to take PRIOR to your appointment:

1. Call the member services number on the back of your card. Here are some important questions to ask:
 - Does my pan cover outpatient nutrition counseling? YES NO
 - If yes, how many sessions are allowed? _____
 - Are there limits or restrictions to my coverage? Is authorization required?
 - Do I have a deductible to meet first? YES NO
 - If yes, how much? _____
 - Do I need a physician referral? YES NO
 - ° Note, if you need a physician referral this must be done at least 1 week prior to our session. You may need to provide the referral office information located at the bottom of this form
 - What is my co-pay amount for outpatient nutrition counseling? _____ Note: nutrition counseling is sometimes considered a “specialist” and the co-pay may be different than what is listed on your card?
2. Bring a copy (front and back) of your insurance card as well as this sheet to our session. If you don’t have access to a copy machine, we can make a copy of it here.
3. Don’t hesitate to contact us if you have any questions or concerns about working with your insurance.

My signature certifies that I have read and completed this form to the best of my ability. I understand that if insurance denies coverage for a nutrition counseling session performed by Sarah Voth, RD at Flourish Food and Body, I am responsible for 100% of the payment.

Signature: _____ Date: _____

****Note: If you are contracted with an insurance company that is not covered by clinicians at Flourish Food and Body, we are happy to provide you with a superbill to submit to your insurance company for reimbursement for our sessions. *The superbill does not guarantee reimbursement.***