



## Instructions for Checking Insurance Benefits

In an effort to streamline the process of billing insurance for our services, we are asking you to call your own insurance carrier to inquire about the details of your benefits. **We do not verify insurance benefits on your behalf.**

**You will want to have the following info available when you make the call.**

We have providers in network with Aetna, BCBS, Cigna, and United. We have providers who are Tricare Certified Providers. For any other insurer, you might ask about **Out of Network** benefits.

1. Client Name (person to be seen by Huntsville Nutrition Collective) & Date of Birth:
2. Member ID (from your insurance card):
3. Provider Name: **Huntsville Nutrition Collective**, Provider Tax ID: **851587795**, Provider NPI:

Provider Name	Provider NPI
Chelsea Edwards	1275046054
Jenna Le Hamilton (Heard)	1053137158
Krystal Jennings	1891666905
Jordan Pfeffle	1447088513

4. CPT Codes: **97802, 97803, 99404**
5. Diagnosis Codes (from your provider, for example hypertension, IBS, eating disorder, weight related codes – if none, ask about code Z71.3, Z72.4):

**Call the member services number on the back of your insurance card. Ask these questions and document everything you are told.**

1. Do I have nutritional counseling benefits with the following CPT and Diagnosis codes:
  - a. If Out of Network, at what rate will I be reimbursed for services:
2. What is my responsibility (deductible, copay, coinsurance):
  - a. If deductible applies, how much has been met:
3. Do I have any nutritional counseling benefits covered under the preventative care portion of my plan:



4. Is there a visit limit or a unit per visit limit (for example, some plans only pay for 4 units per visit or limit to three visits per year):
5. Is telehealth covered? If so, is my responsibility the same:
  - a. Is there an expiration date for telehealth:
6. Do I need a referral:
7. Is a prior-authorization required? If so, what is the process:
8. Can I have your name and a reference number:
  - a. Also document the date/time of the call:  
(This information can be used for an appeal if they misquote coverage)

**NOTE:**

**Unfortunately, insurance never guarantees benefits over the phone. If a claim is denied, we will attempt to get the claim reprocessed. However, if the information that was provided to you was incorrect, then you will be responsible for the balance for the service. Quotation of benefits is never a guarantee of coverage.**

- If you have a federal BCBS policy, starting with R, typically you have unlimited appointments and do not need to complete this process.
- If your policy starts with **BEG** or **EDU**, you will need a referral from your provider added to the BCBS portal by your referring provider. **EDU policies for minors** will only cover the following codes, which must come from your referring provider: E66.01, E66.09, E66.1, E66.2, E66.811, E66.812, E66.813, E66.89, E66.9, Z68.54, Z68.55, or Z78.56
- **UMR** policies require more than a Z code to bill. We cannot assign anything other than a Z code. We need a medical code from your health care provider. These are usually codes that start with E, K, etc.
- **Tricare** does require a referral with an authorization number that must be provided to us prior to your first appointment. They may say you do not, but they require a referral to see us because we are “preferred providers” rather than network providers.

Questions about this process? Email us at [info@hsvnutritioncollective.com](mailto:info@hsvnutritioncollective.com)