

Simply You Nutrition, PLLC  
2020 Health Insurance  
Questionnaire



*This form is required to be completed if you wish for the clinician at Simply You Nutrition, PLLC to bill your insurance company for their services. Please bring a copy of your insurance card with you to your 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?**  
(e.g. Aetna, BlueCross BlueShield, Cigna HealthChoice, SoonerCare (Medicaid), UnitedHealthCare)

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

**Do you have SECONDARY insurance?** Yes No

**What is your SECONDARY insurance?**  
(e.g. Aetna, HealthChoice, SoonerCare (Medicaid), UnitedHealthCare)

**What is your SECONDARY insurance policy number?**

**What is your SECONDARY insurance group number?**

**Whom is the SECONDARY insurance policy holder?**

Last, First Middle

**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, SoonerCare (Medicaid), and UnitedHealthCare insurance at this time. To ensure provider coverage, please check for Sydney Caverro-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:

<b>Is Sydney Caverro-Egúsquiza on my plan's list of approved providers?</b>	Yes	No
---	-----	----

*Since she's not an in-network provider on my plan, does my plan offer out-of-network (OON) benefits?*

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

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

<b>Is there a limit on number of allowed visits?</b>	Yes	No
--	-----	----

**How many visits are allowed?**

**Is there a limit on number of allowed units?**

(a "unit" of time is 15 minutes in length—an example would be that 4 units is 60 minutes, or 1 hour) Yes  No

**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 as a primary diagnosis (ICD-10 code Z71.3)?**

My plan only covers "medically necessary visits"

My plan allows preventative services as a primary diagnosis (ICD-10 code Z71.3)

Other

*If "Other", please specify*

**Are telehealth visits covered?** Yes  No

**Do I have a deductible to meet first?** 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 and the call reference number when checking your benefits.**

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

[Redacted area]