## How to verify your coverage worksheet

Call the Member Services Number on the Back of your Insurance Card. Below are questions to ask PRIOR to your visit to determine if your appointment at The Digestive Health Center, Dietitian Services may be covered by your insurance. We suggest you record the date, time and name of the representative and keep a copy of this information for your records. Please ask our office staff if you have questions about information obtained.

Date:	Time:	Name of Representative:
	Questions	to ask your Insurance Representative
Does my Insura	nce cover for me to see a	<b>Dietitian or have nutritional counseling?</b> □ Yes □ No
You may need to	o provide the following inf	formation to the representative.
• 97802	- Procedure code for an in	nitial nutrition counseling appointment
• 97803	- Procedure code for a fol	low-up nutrition counseling appointment
=		□ Yes □ NoYou may need to provide the following information:  ) #1790255206 for Brooke Sawicki, Registered Dietitian.
Do I have a ded	uctible to meet first? 🗆 Ye	es   No If yes, how much?
Do I have a co-p	oay or co-insurance? 🗆 Yes	s $\square$ No If yes, how much?
PRIOR to your vi have special refer	sit, they can fax it to: 410- ral forms that are required f	o If yes, please call your physician to obtain an insurance referral -553-8180. JAI MEDICAL SYSTEMS and UNITED HEALTH CARE MEDICAID from your primary care doctor.
Do I have a limi	ted number of visits per p	olan year?   Yes   No
If yes, how man	y visits can I have per ber	nefit year?
= =	=	or (your health conditions)? List the health conditions that you
		□ Yes □ No
The service repr	esentative may give you	a reference number Reference #
•	, , ,	
	Call the Digestive I	Health Center for scheduling at: 410-553-8146

These questions are provided as a courtesy to help you determine if nutrition counseling may be covered by your insurance provider. Having these questions addressed by your insurance provider's member services does not guarantee coverage.