COMPLEAT
WELLNESS CENTER

12 Constitution Avenue
Shrewsbury, PA 17363
Phone: 717-942-2831
Fax: 774-214-0767

Insurance Verification Form

Patients name:

Date of birth:

Policy Holder's Name:

Date of birth:

Insurance Plan:

Insurance ID #:

Date:

Time:

"I'm calling to verify Nutrition Counseling/Medical Nutrition Therapy Benefits. I'd like to verify the medical AND preventive benefits."

Is this policy **self-funded** or **fully funded**? _____

Policy Type: ☐ PPO ☐ HMO ☐ POS ☐ Other: _____

Do I have benefits for nutrition counseling (procedure codes: 97802, 97803, 9804)? _____

Common diagnosis codes: z71.3, z72.4

Does your policy run on calendar or contract year? _____ to _____

Do services have to be rendered in a specific state? _____

Do I have PREVENTIVE/ROUTINE benefits for nutrition counseling?

If YES, complete the questions below for "Preventive Benefits Coverage".
If YES or NO, check for medical benefits below.

☐ Y ☐ N

Is there criteria I need to meet to be eligible for preventive benefits? (i.e.: BMI, blood pressure, cholesterol)

_____

Preventive Benefits Coverage:

Is there a Physician referral needed?

☐ Y ☐ N

Limit to # of visits: _____

Limit to # of units: _____

Does the deductible co-insurance, co-pay apply? _____

What is the deductible, co-insurance or co-pay? _____

How much deducible has been met? _____

Is there copay/coinsurance? _____

Is telehealth covered? _____

Do I have MEDICAL benefits for nutrition counseling?

☐ Y ☐ N

If YES, complete the questions below for "Medical Benefits Coverage".

Are there any diagnosis requirements? What diagnoses are covered?

_____

Medical Benefits Coverage:

Is there a Physician referral needed?

☐ Y ☐ N

Limit to # of visits: _____

Limit to # of units: _____

Does the deductible co-insurance, co-pay apply? _____

What is the deductible, co-insurance or co-pay? _____

How much deducible has been met? _____

Is there copay/coinsurance? _____

Is telehealth covered? _____

Reference #: