



Insurance Script

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 1 week prior to your first appointment and bring this document with you to your first appointment.**

Please bring your insurance card to session.

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

If you have a secondary insurance plan, please provide that information on the backside.

Call the member services number on the back of your card and ask:

1. Does my plan cover outpatient nutrition counseling? Yes No
 - a. If yes, how many how many sessions are allowed? _____
 - b. Does my plan only cover visits that are “medically necessary”? Yes No
2. Do I have a deductible to meet first? Yes No If yes, how much? _____
3. Do I need a physician referral? Yes No
 - a. 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.
4. What is my co-pay amount for outpatient nutrition counseling? _____

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 any of the dietitians at Marci RD Nutrition Consulting, LLC, I am responsible for 100% of the payment.

Signature: _____ Date: _____

****Note: At this time the clinicians at Marci RD only accept Blue Cross Blue Shield or Harvard Pilgrim insurances. If you are contracted with another insurance company we are more than happy to provide you with a superbill to submit to your insurance company for reimbursement for our sessions. The superbill does not guarantee reimbursement.**

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