

HOW TO CHECK YOUR NUTRITION BENEFIT

A STEP BY STEP GUIDE

START HERE

We are happy to work with your insurance company to help you receive the most out of your Nutrition Therapy benefit! Every insurance company and individual plans vary so it is important to double check what your specific plan includes. We commonly see 3-10 nutrition visits covered 100 % per year! There are always exceptions however and we ask every individual check his or her insurance coverage to make certain they will not occur any surprise costs.

Call Notes



- Representative Name:
-
- Reference Number:
-
- Date of call:
-
- Nutrition Benefit:

- Out of Pocket Cost:

Call or Chat with your insurance company

- Once you give the representative your insurance information ask"
"How many visits do I have with a Dietitian per year"
and give them the procedure codes
 - 97802 for the initial visit
 - 97803 for follow up visits
- Typically your nutrition benefit is a part of a preventative medicine benefit, but there are times where you need a *referral or medical diagnosis*. Here are some helpful questions to ask while you are on the phone with your representative:
 - Is this benefit limited to a specific medical diagnosis, such as diabetes or other diagnosis in order for me to use the nutrition benefit? If so, what is included?
 - What, if any medical diagnosis, is specifically listed as excluded from my nutrition benefit?
 - Do I have *unlimited visits or a specific number of visits available each year?*
 - Is a *referral required?* If so, who can make the referral?
 - Is there a copay?
 - Given my deductible I've already met for the year, including my plan copays and coinsurance, what will I need to pay out of pocket to see a registered dietitian nutritionist?
 - **IMPORTANT: If you would like a virtual visit now or in the future ask "what is my office telehealth benefit"**

Practice Information

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