



## DO THIS FIRST - Insurance Checklist - BCBS or PPOs (Out-of-Network Plans)

**This checklist is ONLY for clients with Blue Cross, PPO plans and possibly Medicare**

MEDICARE DISCLAIMER: If you have Medicare as your primary and private as your secondary\* insurances, you need to fill out the Medicare Insurance checklist instead. \*You have the option to check your secondary insurance with this checklist if you want to see if you have additional coverage as Medicare ONLY covers nutrition counseling for Type 2 Diabetes or Kidney Disease. Tell the rep you ALSO HAVE Medicare (or Medicare Advantage) and you may or may not have additional MNT coverage through your secondary private insurance carrier. \*

I do not have Medicare

I have Medicare, but will also check my secondary for any additional coverage. I will let them know I have Medicare.

I have Medicare and will only fill out the Medicare checklist

***If your primary private insurance coverage is with any of the companies we contracted with please proceed with calling the customer service line found on your medical card, asking the following questions:***

If you have Blue Cross insurance or a PPO plan, you will need to check to see if you have out-of-network coverage to use our services for Medical MNT (out-of-network coverage does not include free Preventative MNT and is usually copay or deductible). \*

I have BCBS/PPO, I have out-of-network benefits

I have BCBS/PPO, I do NOT have out-of-network benefits\* Unfortunately you cannot use insurance for our services. You can stop filling out this form.

I have confirmed that Thrive Nutrition LLC 5739 Garfield Ave. Minneapolis, MN 55419 is out-of-network with my insurance provider. \*

Yes



What is a reference number and representative's name for this call? (Do not skip this, you will want this information for any reason reimbursement issues arise which do happen!). \*Insurance reps make a lot of errors. If your insurance rep doesn't seem to know what they are talking about, please call again to speak with someone else. You can also pay Thrive Nutrition cash insurance rates (\$200/hr) and request a Superbill to be reimbursed from your insurance. \*

***MEDICAL MNT is for diagnosed medical conditions. You only have to ask about this coverage ONLY IF YOU HAVE A MEDICAL CONDITION THAT YOU WANT TO WORK WITH A NUTRITIONIST ON. Conditions covered are unique to each plan (Must have Medical MNT benefits AND coverage for your specific diagnosis).***

Is Medical MNT covered on my plan's policy? \*

Yes

No - you do not have coverage, must use cash-pay

If YES, is telehealth ALSO covered? You must have BOTH telehealth and Medical MNT to proceed. \*

Yes

No

*If the insurance company asks for CPT codes, provide them 97802 & 97803. If you have BCBS ask about S9470.*

*If they say you do not have coverage using those CPT codes NEXT ask them to check your coverage for the following CPT codes: 99404 or S9470 as an alternative.*

List your covered CPT codes: \*



My Medical MNT benefits cover my diagnosis of: \*

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Overweight E66.3   | <input type="checkbox"/> Obesity E66.9   | <input type="checkbox"/> Morbid obesity E66.01  |
| <input type="checkbox"/> Pre-diabetes: Impaired Fasting Glucose: R73.01 or R73.03   | <input type="checkbox"/> Metabolic Syndrome: E88.810                               | <input type="checkbox"/> Type 2 Diabetes: Insulin Resistance: E88.811   |
| <input type="checkbox"/> Familial hypercholesterolemia: E78.01  | <input type="checkbox"/> Tobacco Use: F17.210                                      | <input type="checkbox"/> High Cholesterol: Hyperlipidemia/Dyslipidemia: E78.00  |
| <input type="checkbox"/> Pregnancy: excessive weight: 026.00  | <input type="checkbox"/> Healthy eating without weight loss Z71.3 or Z72.4 - Aetna | <input type="checkbox"/> Pregnancy: malnutrition: 025.10  |
| <input type="checkbox"/> Pregnancy: pre-existing Type 2 Diabetes: 024.119   | <input type="checkbox"/> Pregnancy: obesity complicating: 099.210                  | <input type="checkbox"/> Pregnancy: low weight: 026.10  |
| <input type="checkbox"/> Pregnancy: pre-existing hypertension: 010.019  | <input type="checkbox"/> Pregnancy: gestational diabetes, non-insulin: 024.410     | <input type="checkbox"/> Pregnancy: elevated glucose: 099.810   |
| <input type="checkbox"/> IBS K58.9  | <input type="checkbox"/> PCOS E26.2  | <input type="checkbox"/> Pregnancy: gestational diabetes with insulin: 024.414  |
|   | <input type="checkbox"/> Celiac K86.81   | <input type="checkbox"/> Seizures* get from PCP your Dx code(s) and list next to CPT codes above  |
|   |  | <input type="checkbox"/> IBD (diverticulitis, Crohn's disease)*get the diagnosis code(s) from your PCP and list next to CPT codes above |
| <input type="checkbox"/> None, my benefits do not cover my diagnosis* Must go to to cash-pay Clinical Nutrition Membership: <a href="https://www.thrivenutritionmn.com/clinical-nutrition">https://www.thrivenutritionmn.com/clinical-nutrition</a> |  |   |

To use Medical MNT, we may need a copy of a chart note from your primary care physician indicating the medical diagnosis. \*

- I confirmed this with my insurance rep that documentation is needed. Have your physician fax it to: (612) 677-3062.
- My insurance rep states this is not needed

How many Medical MNT visits do I have per calendar year? \*

---

What is the length of time for appointments allowed (especially important with Aetna insurance)? \*

- 60 minutes       90 minutes       Unlimited
- If different, list in Others section

*End Medical MNT coverage, next fill out to the Client Responsibilities section.*

**Client Claims Responsibilities (Everyone Fill Out)**



*Important: "Covered" doesn't mean the insurance will always pay at 100%. Below you will find out if there are other patient responsibilities like copays, coinsurance, and deductible. This determination is finalized once we have submitted the claims to your insurance.*

Is a Referral or Authorization needed for medical MNT services? \*  Yes  No

If yes, you need to contact your primary care physician to submit a referral notification for nutritional counseling to the health insurance. Once obtained, it is important to get the referral number that the insurance will generate. Your primary care physician can also fax this information to us at (612) 677-3062 for us to keep on file. Note: Generally, only your primary care physician can process a referral.

Referral number: \*

---

Do I have a co-pay/co-insurance for Medical MNT nutritional counseling? \*  Yes  No

If YES, ask for the specialist co-pay/co-insurance since most insurance companies will consider us as a specialist. This information can also be found on the front of your insurance card. Specialist co-pay/co-insurance is: \*

---

Have I met my deductible? \*  Yes  No

If NO, how much is remaining? \*

What order does is your deductible/co-pay? \*  I must reach my deductible first, then I have my co-pay  My co-pays are applied immediately before I reach my deductible

*We bill your insurance, so these costs can be used towards your deductible. We will let you know once your insurance starts to cover. Please be reminded that the insurance will only start paying the claims once your deductible has been met. If your deductible is high, you may want to consider our cash pay options. We also accept HSA and FSA payments.*

### **Cash-Pay and Cards on File Policy**

Missed appointments or last minute cancellations will automatically be charged to your card on file, not billed to insurance. \*  I agree



I (the client) understand that I will be responsible for paying anything insurance doesn't cover with a credit card or HSA/FSA on file. These payments will be due promptly when the invoice is revised to cash-pay from the denied claim. If a card on file is expired, any outstanding invoices unpaid 14 days after the revised cash-pay invoice will be sent to collections. \*

I agree to the payment policy

*After a potential denied claim, you may call your insurance rep to see if there is a something you can resolve within 14 days of the revised cash-pay invoice.*

**Medical Card Info**

Medical Card Information of Client:

**Primary Insurance Details**

Insurance Type \*  MEDICARE  MEDICAID  TRICARE CHAMPUS  
 CHAMPVA  GROUP HEALTH PLAN  FECA BLK LUNG  OTHER

Insurance Plan Name or Program Name \* \_\_\_\_\_

ID \* \_\_\_\_\_

Insurance Company Name (Payer Name) \* \_\_\_\_\_

Payer Id \* \_\_\_\_\_

Payer Address \_\_\_\_\_

Payer City \_\_\_\_\_

Payer Country \_\_\_\_\_

Payer State \_\_\_\_\_

Payer ZipCode \_\_\_\_\_

Valid From \_\_\_\_\_

Valid Until \_\_\_\_\_

Policy Group/FECA # \_\_\_\_\_



Copay \_\_\_\_\_

Deductible \_\_\_\_\_

Employer/School Name \_\_\_\_\_

Comments

**Insured Person Details**

Patient Relationship \*  Self  Spouse  Child  
 Other

First Name \* \_\_\_\_\_

Last Name \* \_\_\_\_\_

Date of Birth \* \_\_\_\_\_

Sex \*  Male  Female  Unknown

Address Line 1 \_\_\_\_\_

Address Line 2 \_\_\_\_\_

City \_\_\_\_\_

Country \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

***Final Things***

Please provide a front/back picture of your medical card in the Insurance section.  Completed



**Thrive Nutrition, LLC**  
**5739 Garfield Ave**  
**Minneapolis, Minnesota, US - 55419**

---

Please provide a copy of the specific diagnosis codes that we will bill - these can be from a referral from your PCP, a progress note, discharge summary or lab slip. Your documentation will be: \*

- Referrals: a faxed referral from my PCP to (612) 677-3062
- A progress note (put copy as Document in Charm)
- Discharge summary (put copy as Document in Charm)
- Lab slip (put copy as Document in Charm)