

Group NPI: 1730856527

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Food Wonderful is an in-network provider for all United Health Care PPO, Blue Cross Blue Shield PPO, and Blue Choice PPO plans. We are out of network with all other insurance carriers. Note that coverage of services is dependent on individual plan benefits and not guaranteed by in-network status.

How to use this form:

- Call the customer service number on your insurance card.
- Make sure to document the date, time, and reference number of your call.
- Your agent may ask for your provider or group NPI number, above.
- First, you'll ask the agent if your policy covers Medical Nutrition Therapy.
- If yes, you'll want to inquire about prior authorization and deductible requirements.
- Finally, ask if preventative services are covered or if you need a specific diagnosis.
 - Some plans cover preventative services with no co-pay and no maximum visit.
 - Some plans may require a diagnosis code. If your plan requires a medical diagnosis, you must obtain your diagnosis code from a medical or mental health provider.
 - Your dietitian cannot make a medical diagnosis. Your diagnosis must come from a medical or mental health provider. You can find your individual diagnosis codes in telehealth portals such as MyChart, or on medical or mental health notes obtained from your provider.

Benefits Verification:

Date & Time

Insurance Plan

Insurance ID #

Reference Number

Ask your agent:

Are CPT codes 97802 and 97803 (Medical Nutrition Therapy) covered under this plan? YES NO

Does my plan require prior authorization? YES NO

Are telehealth services covered under my plan? YES NO

Am I required to meet a deductible prior to reimbursement for Medical Nutrition Therapy? YES NO

Deductible amount: _____

Is diagnosis code Z71.3 (preventative MNT services) covered under this plan? YES NO

How many visits are covered? _____

Copay or Coinsurance? _____

If your plan does not cover preventative services, you may inquire about other relevant diagnosis codes. *Remember, you must obtain this diagnosis code from your medical or mental health provider.*

Diagnosis code obtained from your provider: _____

How many visits are covered? _____

Copay or Coinsurance? _____