



Vivid Life Nutrition, LLC
Anna Hallock, RDN, LDN
1109 North Main Street | High Point, NC 27262
(336) 906-7869 | vididlifenuitration@outlook.com
National Provider Number (NPI): 1194222109
Tax ID (EIN): 82-5005211

Insurance Script for Medical Nutrition Therapy

At this time, Vivid Life Nutrition, LLC does not accept insurance. However, you may be eligible for reimbursement from your insurance company after submitting a "Superbill". We understand that working with insurance companies can sometimes be confusing and overwhelming. The purpose of this script is to help you navigate the insurance process to determine if our time together is covered by your plan. Please contact your insurance company by calling the number on the back of your card and document the answers to the following questions. Complete this form and bring it to your first appointment.

1. Does my plan cover outpatient nutrition counseling (CPT codes 97802, 97803, 97804)? Yes No
 - a. Does it cover telehealth nutrition counseling (CPT codes 97802GT, 97803GT, 97804GT)? Yes No
 - b. Does it cover indirect calorimetry (CPT code 94690)? Yes No
 - c. Notes _____
2. How many sessions or units are permitted? _____
3. Is coverage limited to specific medical diagnoses? _____
4. Does my plan only cover sessions that are considered "medically necessary" ? Yes No
5. Do I need a physician referral? Yes No
6. Do I have to meet a deductible? Yes (Amount \$_____) No
7. What is my co-payment for outpatient nutrition counseling? \$_____ (may not be what is listed on card)
8. Date and time the call was made: _____
9. Name of representative that answered your questions: _____
10. Reference number for your call: _____

Bring this document to your first appointment, along with your physician referral form. We will provide you with a "Superbill" to submit to your insurance company at the completion of the visit. The client is required to pay the service fee in full at the time of service. It is the client's responsibility to obtain a referral from the physician. The referral form provided by Vivid Life Nutrition, LLC can be used for this purpose.

I have read the statements above and I understand that it is my responsibility to pay in full for services provided by Vivid Life Nutrition, LLC, and that the submission of a "Superbill" does not guarantee reimbursement from my insurance provider.

Print Name: _____

Signature: _____ ***Date:*** _____