

**VERIFICATION OF MEDICAL NUTRITION THERAPY BENEFITS FORM**

Provider NPI for Nikita Kapur: 1760748875  
Practice/Group NPI for Nikita Kapur Nutrition: 1275372427

*This form will guide you through checking your nutrition services benefits to ensure that our time together is covered by your insurance plan.*

**Please Note: Nikita Kapur Nutrition only accepts the following insurance at this time: Blue Cross Blue Shield, Cigna, United Healthcare and Aetna.** We ask that you please contact your insurance company prior to your appointment to verify your nutrition benefits and complete this form since every plan is different and it is your responsibility to know your nutrition coverage.

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 purposes. The superbill does not guarantee reimbursement.

Patient's Full Name:  
DOB:  
Insurance Company:  
Insurance Member ID:  
Insurance Group Number (if applicable):  
Patient's Home Address:

**Call Member Services Phone Number on the back of your insurance card and ask:**

- Does my plan cover Nutrition Counseling/Medical Nutrition Therapy benefits? Yes  No 
  - Which CPT codes are covered under this policy?  
97802  97803  97804  99401-99404  s9470
  - Does my plan allow coverage for diagnosis code (ICD 10 code) Z71.3? Yes  No
  - If yes, how many sessions/visits are allowed per plan year? \_\_\_\_\_
- Are **BOTH** preventative nutrition services covered under Health Care Reform **AND** medical benefits covered? Yes  No
- Does this plan cover telehealth services? Yes  No 
  - If yes, is there a copay for telehealth services and how much? \_\_\_\_\_
- Do I have a copay for outpatient nutrition counseling or medical nutrition therapy benefits? Yes  No  If yes, how much? \_\_\_\_\_
- Does this plan require an MD referral? Yes  No
- Does this plan require prior authorization for nutrition services? Yes  No
- Do nutrition services go towards my deductible? If yes, how much is the deductible? \_\_\_\_\_

**\*\*\*Record the date/time & representative name, reference number for your call when checking your benefits. This information will be necessary if you need to dispute a rejected claim.**