



INSURANCE VERIFICATION FORM

It is my goal to assist you in utilizing your allowable insurance benefits. Please use this form as a guide to verify your nutritional counseling benefits prior to your initial visit.

Please contact your primary insurance provider directly to determine your benefits. Contact information for your insurance provider can be found on the back of your insurance card.

Your Name _____ DOB _____

Primary Insurance Name _____ ID # _____

Below is a list of questions to ask when contacting your insurance:

- Is nutritional counseling covered? (Procedure Codes 97803 & 97802) Yes No
- Are there restrictions on which diagnoses are covered? Yes No
- Is Z71.3 (dietary counseling & surveillance) covered, or is a medical diagnosis required?
 Yes No If No, what diagnoses are covered? _____
- How many nutritional counseling visits are allowed? _____ (per Year or Lifetime?)
- Is Robert W. Demko, MS, CN (NPI 1063960615) in network with my plan? Yes No
- Is nutrition counseling covered when provided via telehealth? Yes No
- Do I need a referral or prior authorization? Yes No
- Do I have a co-pay for each visit? Yes No If Yes, how much? _____
- Do I have a deductible towards these visits? Yes No If Yes, how much? _____
- Have I met my annual deductible? Yes No If No, how much is left? _____
- Do I have nutritional counseling out-of-network benefits? Yes No

Thank you for taking the time to complete this form. Verifying your benefits is the best way to ensure you are utilizing your insurance benefits and to avoid any financial surprises.

Printed Name _____

Signature _____ Date _____

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