**IMPORTANT INFORMATION**

**Insurance Reimbursement For Nutrition Therapy**

To All Patients/Clients:

It is my pleasure and privilege to provide you with caring and competent nutrition therapy.  Many insurance companies are now providing coverage for medical nutrition therapy; however, the coverage may be confusing and complicated.

I participate with Aetna, Anthem/Blue Cross and Blue Shield, Cigna, and Humana. You may have coverage by a company that lets you see out of network providers for nutrition services with full or partial reimbursement for their services. For example, United Health Care generally does not have RDs within our service area or with the necessary expertise and will often provide my patients with “GAP” exceptions. You need to request “preauthorization” or the “GAP” if I am out of network for your insurance or you have a condition for which medical nutrition therapy is a medical necessity (e.g. for eating disorders).

* In order to provide you with the most satisfactory service, find out in advance of coming in whether your insurance company contract covers you for nutrition therapy or office visits by a registered dietitian and for which diagnoses you may be covered.
* Please keep in mind that just because you look on your insurance company website and see the names of providers for medical nutrition therapy this does not mean that your contract with the company includes nutrition services or office visits by nutritionists.
* Every insurance contract is different and generalizations for coverage should not be made.
* It is your responsibility to inquire whether or not your insurance contract covers you for medical nutrition therapy, sometimes referred to as nutrition therapy or nutrition counseling, and for which diagnoses.

Please see below for the questions you may want to ask your insurance company:

            1. Does your insurance contract cover you for (medical) nutrition therapy?
            2. Do you need a written referral from your doctor or insurance company?
            3. How many visits and within what time frame are you eligible?
            4. For which diagnoses are you covered?
            5. When you speak to your insurance company ask for a *reference number* in regard to the information you are being told, note the *name of the person* you are speaking to and the *date and time*.

***I have read the statements above and understand that it is my responsibility as a client/patient of encompass Nutrition LLC to pay in full for services provided in the event that my insurance company does not cover these services.  I agree to reimburse Encompass Nutrition LLC for any fee(s) incurred for bounced checks/insufficient funds, and if my account is not paid in full I will be referred to a collection agency. I will be informed in advance and will have time to settle any balances.***

 **Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**