



Nutrition with Heart

Courage • Connection • Grace

425.835.2900 425.774.6692
michael@nutritionwithheart.com
nutritionwithheart.com
221 4th Ave N. | Edmonds, WA

Medical Nutrition Therapy Insurance Coverage

Nutrition with Heart LLC is proud to accept an array of Medical Insurances. Nutrition with Heart LLC is happy to provide a check of your medical benefits for your convenience for Medical Nutrition Therapy (CPT codes 97802 & 97803), and Preventive/Wellness. Nutrition with Heart LLC will then communicate this information to you as quoted by your insurance company. Of course, any quote provided by your insurance is not a guarantee of payment, and it is recommended you contact your insurance company as well for greatest clarity regarding your benefits coverage.

To assist in checking your medical benefits please provide the following information:

Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip: _____ Gender: Male Female TG

Primary Phone: _____ Email: _____

Please select your Insurance Provider(s):

- Aetna
- Amerigroup
- Blue Cross & Blue Shield Federal Employee Program
- Cigna
- First Choice Health
- Kaiser Permanente
- Medicare
- Premera Blue Cross
- Regence BlueShield
- United Healthcare

Primary Insurance Information:

Medical ID#: _____ Group #: _____

**If you do not identify as "Self" in relationship to the insured, please provide the Insured Subscribers:*

Name as it appears on ID card: _____ DOB: _____

Secondary Insurance Information:

Insurance: _____ Medical ID: _____ Group #: _____

I am interested in using Nutrition Therapy for the following conditions (mark all that apply):

- Anemia
- Celiac Disease
- Fatigue
- Fatty Liver
- Heart Disease
- High Cholesterol
- High Blood Pressure
- IBS
- Kidney Disease
- Overweight/Obesity
- Prediabetes
- Reflux/GERD
- Type 1 Diabetes
- Type 2 Diabetes
- Weight Gain/Loss

Other(s) not listed above: _____

I am interested to know if my insurance will cover telehealth "virtual" counseling Yes No

Health Insurance Authorization & Payment:

I, the undersigned, certify that I (or my dependent) hereby authorize my health insurance benefits to be paid directly to provider Michael Lynch at Nutrition with Heart LLC for services rendered. I authorize the release of medical or other information necessary to process these claims for treatment to Nutrition with Heart LLC's private medical billing company Platinum Cash Flow Solutions LLC.

Signature: _____ Date: _____