



Thank you for your interest in working with Joyceful Nutrition. We look forward to working with you and work hard to ensure a positive experience with billing transparency. **Therefore, we highly recommend contacting your insurance company to learn more about coverage for medical nutrition therapy. We do not check benefits for you.**

- In-network provider: Anthem, Blue Cross Blue Shield, United Healthcare, Cigna, and Aetna.
- A superbill/receipt can be provided upon request for any out-of-network plan if you want to try to be reimbursed.
- All services are flexible spending eligible. Receipts and appropriate documents can be provided upon request.

### **How to Check Benefits**

- Call the phone number for customer service/benefits on your insurance card. The call should last 5 minutes or less.
- Complete the table below with the customer service rep.
- Upload the form to your Practice Better chart or email it to [hello@joycefulnutrition.com](mailto:hello@joycefulnutrition.com).

Joyceful Nutrition Tax ID: 92-2680326. Practice NPI: 1700628872. Individual NPI: 1396271557


<b>Are the following CPT codes covered (main ones in <u>bold</u>)</b> <b><u>97802 / 97803</u></b> additional ones: 97804 / S9470 / 99401-99404	<b>Yes / No</b>
Is Telehealth, modifier 95, covered? Is there a co-pay for telehealth?	<b>Yes / No</b> <b>Yes / No</b>
Is there a maximum amount of visits I can have per year? Is there coverage for preventative Medical Nutrition Therapy? What is the limit number of visits covered per year? (year starts on _____)	<b>Yes / No</b> <b>Yes / No</b>
Does my insurance cover the following diagnosis? (choose from list) If no diagnosis, then ask about: Z71.3 or Z72.4	<b>Yes / No</b> <b>Yes / No</b>
Do I need a referral? Referrals can be faxed to: (833) 411-1303.	<b>Yes / No</b>
What is my deductible, copayment, and coinsurance?	
Can I have your name and a call reference number?	

### **Common Diagnosis Codes:**

E66.01 Obesity/Overweight  
 Z98.84 Bariatric Surgery  
 E11.9 Diabetes  
 R73.9 PreDiabetes  
 Z71.3 Nutrition Surveillance  
 i10 High Blood Pressure  
 E28.2 PCOS  
 K58.9 IBS

A credit card is required to schedule an appointment. Any portion of the visit not covered by your insurance (plan exclusion, deductible, or % co-insurance) will automatically be charged to the card on file. Self-pay fees are \$180 for an initial assessment (75 min) and \$110 for a follow-up (45 min).

☎ (978) 225-0826

 (833) 411-1303

 [hello@joycefulnutrition.com](mailto:hello@joycefulnutrition.com)