

Insurance Benefit Check Form For Nutrition Counseling

Branz Nutrition
FOR THE WHOLE FAMILY

Updated 1/28/2026

Insurance Coverage Summary (Not a Guarantee of Services)

PLEASE READ — VERY IMPORTANT

As the client, it is your responsibility to verify your insurance coverage for nutrition counseling. Ultimately, your insurance company, not Branz Nutrition Counseling, determines coverage, benefits, and payment.

The information below is not a guarantee of coverage or payment. Insurance policies and benefits can change at any time, and some plans may have unique rules or exclusions. Having a plan with one of the insurance companies listed below does not guarantee that Branz Nutrition Counseling is in-network with your specific plan or that nutrition counseling is covered.

You can verify your benefits using the insurance verification script listed below.

In-Network Insurance Plans

We are currently in-network with the following plans:

- Aetna
- Blue Cross Blue Shield
- Cigna
- Medica
- UHC

We are NOT in-network with: Medicare, Medicaid (even if administered by one of the plans above), Tricare, or any other plans not listed above

Please note: Being insured with the following networks does not guarantee we are in-network with your specific plan (e.g., HMO, marketplace, or employer-specific plans).

Telehealth Services

- Most plans do not restrict telehealth, meaning coverage is often the same for in-person and virtual visits.
- Coverage for telehealth varies by plan and must be verified directly with your insurance company.

Appointment Length

- Most initial nutrition appointments are scheduled for 85-minutes
- Most follow-up visits are scheduled for 55-minutes.
Some plans may limit covered visit length

Longer sessions may require additional out-of-pocket payment

How to Check Your Benefits:

- Call the number on the back of your insurance card to request a benefit check.
- Remember, ensuring payment for services is your responsibility.
- If applicable, any copays or deductibles will be charged to the card on file once information is available on the insurance portal.

If there is a co-pay, deductible or sessions are not covered by insurance, I understand BNC will charge the card on file upon notification from your insurance.

Yes, I understand and it is my responsibility to check benefits.

Is my insurance plan a fully-funded or self-funded plan?

Full-Funded

Self-Funded

Is your health insurance plan purchased through the health insurance marketplace (healthcare.gov or a state exchange?)

It may say “marketplace,” “exchange,” healthcare.gov,” or a something similar on the policy/member ID card. Please note: we are NOT in network with marketplace plans or medicaid plans.

Yes

No

Unsure

Does my plan cover outpatient nutrition counseling? (procedure codes: 97802, 97803, 97804, 99402, 99403, and 99404)

Does my plan only cover visits that are “medically necessary” or does it also cover preventive services? (ICD-10 code: Z71.3)

Please ask the agent what codes are covered as preventative.

Are visits limit to specific diagnosis codes? Are there any restricted diagnosis codes?

Is there a limit on the number of visits (or units) per day/year?

Do I have a deductible to meet first? If yes, how much is my deductible? How much of the deductible have I met?

Do I have a specialist copay or coinsurance for nutrition counseling?

Do I need a physician referral? Is a referral authorization from my insurance required?

If interested in telehealth (virtual) visits, ask insurance if your benefits for telehealth are the same/different than in-office visits? (location code: 02)

If your health insurance plan is not listed above, you can ask if Branz Nutrition Counseling (National Provider Identification #:1225785561) is a covered group under your plan? If not a covered group, what are my out-of-network nutrition counseling benefits?

Ask for the representative's name and a reference # when checking your benefits. Please indicate date of call as well. This information (both name and reference number) will be necessary if you ever need to dispute a rejected claim.

What We Typically See Regarding Coverage From The Major Insurance Plans

Most Insurance plans cover 95% if not all of nutrition counseling sessions

Aetna

This reflects what we commonly see with Aetna plans but is not a guarantee of coverage.

- Most Aetna plans cover telehealth
- 10 visits per 12-month period are commonly covered
 - The benefit year often starts on the date of your first visit, not January 1st
- Many plans cover these visits at 100%, though some require a copay or deductible

Additional Visits (Up to 26 Total)

Some Aetna plans allow 16 additional visits if certain criteria are met. Aetna may use BMI-based criteria to determine eligibility.

You may qualify for additional visits if:

- BMI \geq 30 and a physician referral is on file
- BMI 25–29.9 with qualifying conditions (e.g., high cholesterol, hypertension, prediabetes) and a physician referral

While our practice is weight-inclusive and does not focus on weight loss, these criteria are determined by Aetna, not by our providers.

Unlimited Visits

Many Aetna plans cover unlimited nutrition counseling visits with a qualifying medical or behavioral health diagnosis, including eating disorders. We will need the diagnosis on file via a referral from your doctor or therapist.

Blue Cross Blue Shield

This reflects what we commonly see with BCBS plans but is not a guarantee of coverage.

- Most BCBS plans cover telehealth
- Many plans do not limit visit length
- Coverage may include:
 - Unlimited preventive nutrition visits, or
 - 30 visits per calendar year, or
 - A reduced number (e.g., 6, 12, or 15 visits)

Additional notes:

- Some plans require meeting a deductible first
- Some plans require a copay or coinsurance
- Some plans require a qualifying medical or behavioral diagnosis

Cigna

This reflects what we commonly see with Cigna plans but is not a guarantee of coverage.

- Coverage varies widely by plan - most of our clients get 100% coverage for unlimited sessions, however, this is plan specific.
- Some plans do not cover nutrition services
- Some plans cover a limited number of visits (commonly 3 visits per year)
- Some plans offer unlimited nutrition counseling visits
- Some Cigna plans may cover additional sessions when services are billed with a qualifying eating disorder or other medical diagnosis

Medica

This reflects what we commonly see with Medica plans but is not a guarantee of coverage.

- Most of our clients get 100% coverage for unlimited sessions, plan specific, however.
- A medical diagnose may be required and subject to copays, coinsurance or deductibles.
 - Some clients have successfully gotten a single case agreement for 100% coverage and unlimited sessions.

United Healthcare (UHC/UMR)

This reflects what we commonly see with UnitedHealthcare plans but is not a guarantee of coverage.

- Coverage varies by plan
- Nutrition counseling is often not fully covered unless the client has a qualifying diagnosis, such as:
 - High blood pressure (HTN)
 - High cholesterol
 - Family history of heart disease
 - Certain BMI-related diagnoses
 - Eating disorder diagnoses may be covered, typically with a copay or deductible

Good Faith Estimate + Private Pay Rates

Good Faith Estimates

If we are out-of-network with your plan or if your plan does not cover nutrition counseling, we will provide a Good Faith Estimate upon request.

- A Good Faith Estimate is not a bill
- It does not lock you into services

Self-Pay Rates

If your insurance does not cover services or if we are out-of-network, payment is due at the time of service. We accept credit cards, debit cards, HSA, and FSA cards.

Current self-pay rates:

- 85-minute initial session: \$215
- 55-minute follow-up session: \$165

What Insurance Will NOT Cover:

- A \$130 fee applies for late cancellations or no-shows within 48 hours.
- For sessions involving parents of adolescent patients, insurance doesn't cover parent-only sessions if the child isn't present, making them private pay sessions.
- If you request a supported meal and snack session, insurance may cover the session pending approval, but the meal portion isn't covered. A \$35 fee covers expenses for meal/snack sessions.
- Questions for your treatment team outside of sessions should be saved for the next session. We reserve the right to charge for treatment planning emails and phone calls outside of sessions, starting at \$30 for every 15 minutes.

Glossary of Common Terms That You May Hear

This list is not exhaustive and is intended to be educational

Allowed amount: Maximum amount on which payment is based for covered health services. This may also be called eligible expense, payment allowance, or negotiated rate.

Co-insurance: Your share of costs of a covered service, usually calculated as a percentage of the allowed amount (for example, you may hear, "plan pays 80%", this means the plan will cover 80% of the allowable amount and the patient is responsible for 20% of the allowable amount). Patient are also subject to deductible when having a 80%/20% or 90%/10% plan. The co-insurance is charged after the visit and EOB (explanation of benefits) has been provided to the provider and patient.

Co-payment: a fixed amount the patient is responsible for a health care service. The co-pay amount is typically charged prior to the session.

Deductible: The amount a patient is responsible for for services prior to your health insurance beginning to pay.

Excluded service or exclusions: Health care services that your plan does NOT pay for.

Out-of-pocket Limit: The most you pay during a policy period (calendar year or benefit year) before your health insurance begins to pay 100% of the allowed amount. This limit will not include your premium or charges that your insurance does not cover (consultation and additional phone calls to other providers regarding your treatment). Co-payments, deductibles, co-insurance amounts are examples of payments that work toward your out-of-pocket limit.

Specialist: A specialist focuses on a specific area of medicine or a group of patients to manage, prevent, or treat certain types of symptoms or conditions. Many insurance plans consider registered dietitians to be non-physician specialists. This is dependent on your insurance coverage.

Client	
X	
Print name:	Date: