



Date: _____

Patient Name _____ DOB _____

Insurance : _____ Microsoft Premera ID # _____ 1-800-722-1471 Group # 1000010

_____ Other _____ PO Box _____ Phone _____

ID Number: _____ Group Number: _____

Thank you for providing this information; we are able to bill any insurance provider if you have a nutritional therapy benefit. We also require a doctor's note to ensure that it is medically necessary to see a dietitian (a requirement for insurance claims). The doctor's note also gives us the diagnosis that will be used for the consultation and billing code.

Please note: final determination concerning actual coverage will be made by your insurance company after the claim has been submitted. Verification of eligibility, co-pays, deductibles, waiting periods, family limits, the number of sessions available to you, etc. is your responsibility.

By signing here, you authorize us to release any necessary information to your insurance company and agree that you are personally responsible for any charges should your insurance company deny your claim.

Patient's Signature

Date

Office Signature