Insurance Script

The purpose of this script is to give you guidance in negotiating the insurance process and ensure that our time together is covered by your insurance plan. We ask that you complete each step 1 week prior to your first appointment and bring this document with you to your first appointment.

If you are verifying a Blue Cross Blue Shield, Excellus, or CDPHP plan, ask about "in network" benefits. If you are calling about any other insurance plan, ask about "out of network" benefits.

Please bring your insurance card to session.

Primary Insurance & Policy #			Group #		
Policy Holder, Name, DOB					
Policy Holder, Address					
Relationship to Client	Self Spouse	Parent			
If you have a secondary insurance plan, please provide that information on the backside.					
a. If yes, how b. Does my plan only c. Is my diagnosis e 2. Do I have a deduct 3. Do I need a physic a. Note, if yo	er outpatient nutrition many how many se cover visits that are excluded? Yes No tible to meet first? cian referral? Yes ou need a physician	n counseling (CPT essions are allowed e "medically neces Yes No If yes, h No a referral this mus	code 9780 d? sary"? Ye now much?	s No	to our session.
				unseling?	
My signature certifies that I h insurance denies coverage for responsible for 100% of the p	or a nutrition counse			•	
Signature:	Date:				

**Note: At this time Alyssa McKinney RD only accepts Blue Cross Blue Shield, Excellus and CDPHP plans. If you are contracted with another insurance company we are more than happy to provide you with a superbill to submit to your insurance company for reimbursement for our sessions. The superbill does not guarantee reimbursement.

Alyssa McKinney RD

National Provider Identifier: 1649616350

Tax ID / EIN: 92-1480769 Phone: 585-201-8245 Fax: 972-212-7184 Practice Address:

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