

HOW TO START

To verify your nutrition coverage, please call the **800 number on the back of your insurance card** and ask to speak with a representative from **Member Services**.

The provider for your visit is **Kristen Smaldone, RD or Julia Shook Munoz, RD**. Our practice is **Kristen Smaldone Nutrition LLC**.

Please ask the insurance representative the following questions:

01 Do I have nutrition services on my current insurance policy?

If the insurance company asks for a **CPT code**, please provide them with:

97802

97803

If they say you do not have coverage using those codes, **ask them to also check your coverage for the following CPT codes:**

99401

99402

99403

99404

02 Is my diagnosis covered?

I will try to code your visit using **preventive coding** (if applicable) to maximize the number of visits you receive from your insurance carrier if your child meets the criteria for preventive health benefits.

If the representative asks for a diagnosis code, please provide: **ICD-10: Z71.3**. This is the primary code used followed by a BMI secondary code.

If your child was referred by their doctor or you do not meet preventative guidelines, the diagnosis may instead be a medical diagnosis code provided by the referring physician. If needed, I can provide you with the diagnosis code listed on the referral.

Typical medical codes or need a referral: [See Referral form](#) (page 4).

If you **ONLY** have a medical diagnosis your insurance may impose a cost-share for your visit either in the form of a deductible, co-pay or co-insurance.

03 How many covered visits do I have per calendar year?

Please also ask:

- What is considered a **calendar year** under my current policy?
- Do I have a **copay** for nutrition services?
- Do I have a **deductible** for nutrition services?
- Has my deductible been met?
- Do I have a **coinsurance** associated with my visits?

You will be responsible for any applicable copays, deductibles, coinsurance, or other patient responsibility determined by your insurance plan.

PLEASE NOTE

Verification of benefits does not guarantee payment by your insurance company. Your insurance company makes the final determination of coverage when the claim is processed.

What if I have a deductible that I have not met?

If your insurance plan covers nutrition services but you have an **unmet deductible**, we will still bill your insurance company for the visit. Because the claim is being processed through your insurance plan, **you will be responsible for the insurance company's allowed/negotiated rate for that visit.**

The amount you owe will vary based on your insurance carrier and plan and may be different for an **initial visit versus a follow-up visit.**

Your insurance company will determine the amount that is applied to your deductible after the claim is processed. We will collect the amount determined to be your patient responsibility.

PLEASE NOTE

The insurance company's allowed rate is different from our standard self-pay rate and varies by insurance carrier and individual plan.

What happens if I have insurance that you do not participate with?

In the event you carry insurance that we are considered **out-of-network** for, including **Oxford, Harvard, Tricare, and Husky**, you will need to **pay for your counseling session at the time of service or our cash rate for programs.**

We are happy to provide you with a **Superbill and/or itemized invoice** that you can submit to your insurance company for potential reimbursement.

Reimbursement is based on your individual policy. Please call your insurance company's Member Services number to verify how reimbursement works under your current insurance policy.

You may want to ask:

- Do I have out-of-network nutrition benefits?
- What is my out-of-network deductible?
- What percentage of the visit is reimbursed?
- Do I need a referral or authorization?
- How do I submit a Superbill for reimbursement?

What forms of payment do you accept?

We accept:

- Cash
- Check
- Credit/debit card
- HSA cards
- FSA cards

Please make checks payable to **Kristen Smaldone, RD.**

PLEASE NOTE

Your RD will take a credit card number at your first visit. In the event your claim is denied by your insurance company, or you have an outstanding copay, deductible, coinsurance, or other patient responsibility, your credit card may be charged for the amount due.

Visit Fees

INITIAL VISIT	FOLLOW-UP VISIT
\$250 approximately 60–90 minutes	\$100 approximately 30–45 minutes

Therefore, please make sure to verify your insurance benefits **prior to your visit.**

We assume no responsibility for the verification of your insurance benefits or for claims denied by your insurance company.

Where are you located?

Our mailing address is:

**113 Mill Plain Rd #1007
Danbury, CT 06811**

Your appointment location will be determined at the time of booking and may include:

- Newtown location
- Darien location
- Telehealth

Kristen Smaldone Nutrition LLC

Kristen Smaldone MS, RD, CSP, CDN & Julia Shook Munoz MS, RD, CDN

In-person in Newtown and Darien, CT and virtually

M: 113 Mill Plain Road #1007, Danbury, CT 06811 | P: 203.444.7822 | F: 855.975.2703

Referral for Medical Nutrition Therapy

Date:	Patient name:
Daytime Phone:	Insurance:
DOB:	Address:

The above is referred for medical nutrition therapy as a necessary part of medical treatment and prevention for the diagnoses listed.

Please document all diagnoses that apply to this referral. Thank you!

ICD-10	ICD-10 Description
☐ E66.811	Class 1 Obesity - BMI, pediatric, 95th percentile to less than 120% of the 95th percentile
☐ E66.812	Class 2 Obesity - BMI, pediatric, greater than or equal to 120% of the 95th percentile to less than 140% of the 95th percentile
☐ E66.813	Class 3 Obesity - BMI, pediatric, greater than or equal to 140% of the 95th percentile
☐ E66.9	Obesity, unspecified
☐ E66.3	Overweight
☐ R63.5	Abnormal weight gain - not during pregnancy
☐ R63.4	Abnormal weight loss
☐ R63.6	Underweight
☐ R62.51	Failure to thrive, child
☐ E44.1	Mild protein-calorie malnutrition
☐ E44.0	Moderate protein-calorie malnutrition
☐ E43	Unspecified severe protein-calorie malnutrition
☐ R63.30	Feeding difficulties, unspecified
☐ R63.31	Pediatric feeding disorder, acute
☐ R63.32	Pediatric feeding disorder, chronic
☐ R63.39	Other feeding difficulties, Feeding problem (infant) NOS, Picky eater
☐ Z71.3	Dietary counseling and surveillance
☐ E78.5	Hyperlipidemia, unspecified
☐ K21.0	Gastroesophageal reflux disease with esophagitis
☐ K21.9	Gastroesophageal reflux disease without esophagitis
☐ K58	Irritable bowel syndrome
☐ K59	Constipation
☐ K59.1	Functional diarrhea
☐ K90.0	Celiac disease
☐ K52.2	Allergic and dietetic gastroenteritis and colitis
☐ E73.9	Lactose intolerance, unspecified
☐ D50.9	Iron deficiency anemia, unspecified
☐ Z91.01	Food Allergy status
☐ Z91.018	Allergy to other foods
	Allergy to (check all that apply):
☐ Z91.010	Peanuts
☐ Z91.011	Milk
☐ Z91.012	Eggs
☐ Z91.013	Seafood
☐ Z91.014	Mammalian meats
☐ Z91.015	Tree nuts
☐ Z91.016	Soy
☐ Z91.017	Wheat
☐ E63.9	Nutritional deficiency, unspecified

Provider Signature _____

Phone _____

Print Provider Name _____

Fax _____

Provider NPI _____