



This form will help you find out your benefits for pediatric nutrition.

Have your insurance card handy for verifying pediatric coverage. Call the Member Services number listed on the backside of the card and use the prompts to speak to a representative. Use the following form to help find your insurance benefits for pediatric nutrition.

Patient Name: _____ DOB: _____

Subscriber Name: _____ Subscriber DOB: _____

Insurance Carrier: _____

Member ID#: _____ Group #: _____

Patient covered under plan? YES ___ NO___ (if yes) Effective Date: _____

- **Provider: Karen Mountjoy, Coastal Family Nutrition**
- **NPI (National Provider Identifier) number: 1114315967**
- **Tax ID number: 47-2743900**
- **Address: 230 Lafayette Rd. (Building D) Suite 13A Portsmouth, NH 03801**
- **Phone: 603-674-2479**

Is my plan in-network with Coastal Family Nutrition?

Yes, IN-NETWORK ___ No, OUT-OF-NETWORK ___

NO pediatric nutrition coverage (*skip rest of form*) ___

What are my benefits?

Is pre-authorization or a referral required? _____

Do I have to meet a deductible for pediatric nutrition? _____

What has been met so far? _____

Once met, what am I covered at? _____

Co-pay per visit (if not covered at 100%): _____ Visit limit? _____

(optional) Are the following visit codes covered?

- 97802: _____
- 97803: _____
- How many units per year are covered (*NHMF or WellSense*): _____

Does my plan run on a calendar year or a plan year? (circle one)

Calendar (resets Jan 1) Plan year (list mm/dd plan restarts) _____

Representative name: _____ Reference #: _____