



Verify Your Nutrition Benefits

A simple call guide to help you understand coverage and possible costs before your appointment.

CALL MEMBER SERVICES ON YOUR CARD

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Provider Information

Saloni Shah, RD | NPI-1 - 1851200828
The Saloni Nutrition PC | NPI-2 - 1770492407

Procedure Codes

97802 - Initial Appointment
97803 - Follow-Up Appointment

Suggested Opening Script

"Hello, I am calling to verify my benefits for individual outpatient nutrition counseling or Medical Nutrition Therapy with a Registered Dietitian. Please check my specific plan for Saloni Shah, RD, billing through The Saloni Nutrition PC, using both NPIs. I would also like to verify coverage for procedure codes 97802 and 97803."

1 Confirm Network Status

Is Saloni Shah, RDN in network under the Type 1 NPI?

☐ Yes ☐ No ☐ Unable to confirm

Is The Saloni Nutrition, PC in network under the Type 2 NPI?

☐ Yes ☐ No ☐ Unable to confirm

Will these claims be processed as in network? ☐ Yes ☐ No

2 Confirm Covered Services

	YES / NO
97802 Covered?	☐ Yes ☐ No
97803 Covered?	☐ Yes ☐ No
Preventive Nutrition Benefit?	☐ Yes ☐ No
Medical Nutrition Benefit?	☐ Yes ☐ No
Coverage Depends on Diagnosis?	☐ Yes ☐ No

Required or Excluded Diagnoses: _____

3 Check Referral and Authorization

Does my plan require a referral or written order? ☐ Yes ☐ No

Is prior authorization or precertification required? ☐ Yes ☐ No

Who obtains it? _____

Authorization / Expiration: _____

4 Review Visit Limits

Visits, hours, or units allowed: _____

Benefits Remaining: _____

Benefit Period: ☐ Calendar year ☐ Plan year

15-minute units allowed per visit: _____

5 Confirm Appointment Format

Are the procedure codes covered for each appointment format?

CODE	TELEHEALTH	IN PERSON
97802	☐ Yes ☐ No	☐ Yes ☐ No
97803	☐ Yes ☐ No	☐ Yes ☐ No

Do different costs or requirements apply?

6 Estimate Your Possible Cost

Does a Deductible apply to these services? ☐ Yes ☐ No

Deductible Remaining: \$ _____

Copay per Appointment: \$ _____

Coinsurance: _____

Are preventive nutrition services covered before the deductible is met?

☐ Yes ☐ No

Allowed Amount, if available: \$ _____

7 If the Provider is Out of Network

Do I have out-of-network benefits for 97802 and 97803?

☐ Yes ☐ No

Deductible / Coinsurance: _____

May I submit a superbill for possible reimbursement? ☐ Yes ☐ No

Submission Method: _____

8 Before Ending the Call

Representative: _____

Date & Time: _____

Call reference number: _____

Notes From Your Call