



Insurance Sheet

Guide: Use this to help check that your nutrition counseling benefits to ensure our time together is covered by your insurance plan. Please complete each step before your initial appointment and email this document to njroams@gmail.com with your Last Name and appointment time in the subject line.

Steps to take PRIOR to your appointment:

- 1. Call the member services number on the back of your card. Here are the questions to ask:
a. Does my plan cover outpatient nutrition counseling?
b. If yes, how many sessions are allowed?
c. Does my plan only cover visits that are considered "medically necessary"?
d. Do I have a deductible to meet first?
e. Do I need a physician referral?

*If a physician's referral is required, please complete this at least 1 week prior to initial session. Please reference the National Provider Number (NPI) listed at the bottom of this form when establishing this referral.

- 2. Send a copy (front and back) of your insurance card as well as this sheet to njroams@gmail.com prior to appointment.
3. Don't hesitate to contact ROAM Nutrition if you have any questions or concerns about working with your insurance.

Personal Information

Form with fields for Client Name, Date of Birth, and Client Address.

Primary Insurance Holder

Form with fields for Primary Insurance & Policy #, Group #, Policy Holder Name, Date of Birth, Policy Holder Address, and Relationship to Client.

Secondary Insurance Holder

Form with fields for Secondary Insurance & Policy #, Group #, Policy Holder Name, Date of Birth, Policy Holder Address, and Relationship to Client.



My signature certifies that I have read and completed this form to the best of my ability. I understand that if insurance denies coverage for nutrition counseling session(s) performed by ROAM Nutrition, I am responsible for 100% of the payment.

Signature: _____

Date: _____

Primary Policy Holder: _____

Date: _____

Secondary Policy Holder: _____

Date: _____

*Note: At this time, ROAM Nutrition only accepts (Coming soon) insurance as a form of payment. However, 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 session(s). The superbill does not guarantee reimbursement.

ROAM Nutrition's National Provider Number: 1881210649

Nikki Jupe's National Provider Number: 1417572579