

**INSURANCE VERIFICATION QUESTIONS: (specific to United HealthCare/UHC):**  
**If you found us in your insurance portal after you logged-in, we are in-network**

- Payment for services is ultimately your responsibility.
- Keep your insurance card on hand and call the 1-800 number at the back of the insurance card.
- Please share/picture of this info on [Priyanka@gingerspicehealth.com](mailto:Priyanka@gingerspicehealth.com)

1. Is Ginger Spice Health, LLC (or my provider- Priyanka Sagar) showing in-network under my policy?  
 Y\_\_\_ N\_\_\_ (In case they ask, our NPI numbers are NPI 1 or practitioner NPI: 1760019061; NPI 2 or company NPI:1518574854)
2. Does my plan cover nutrition counseling, procedure codes **97802** and **97803**?
3. Is nutrition counseling covered as a **preventive** benefit? \_\_\_\_\_  
 (Preventive codes are usually covered at a 100%)

|  |                                   |                                |  |  |  |
|--|-----------------------------------|--------------------------------|--|--|--|
| Please <b>circle</b> which codes are <b>VALID</b> under your policy (if any)   | <u>Z82.49</u>                     | <u>Z83.42</u>                  | <u>Z83.3</u>   | <u>Z71.3</u>   |  |
| Please ask about/ <b>circle</b> if any of these are applicable to you (even if these were applicable to you in the past)<br><br>Note- UHC uses heart health risk factors and weight as a criteria for preventive care. | If overweight, codes <u>E66.3</u> | If obesity, codes <u>E66.9</u> | If hypertension or on BP meds (I as in 'Ink', <u>I10</u> ) | If elevated lipids/cholesterol, triglycerides or LDL or low HDL or on a statin meds <u>E78.5</u> | If prediabetes, please ask for <u>R73.03</u> |

**If you have any circled from preventive codes (point 3), you can skip point 4 and 5.**

4. If you got NONE from the above preventive codes, then ask- if nutrition counseling is covered as a **medical** benefit?
5. Do I have a deductible to meet before insurance will pay? \_\_\_\_\_  
 Will I have a copay or coinsurance? \_\_\_\_\_
6. Is nutrition counseling covered when provided via **telehealth**? Y\_\_\_ N\_\_\_
7. My **benefit year** runs from - calendar year OR June through May end
8. **Please OBTAIN at the end of the call (VERY IMPORTANT):**  
 Representative name: \_\_\_\_\_  
 Date of call: \_\_\_\_\_ Call reference # : \_\_\_\_\_

(These questions are provided as a courtesy to help you determine if nutrition counseling may be covered by your insurance provider. Having these questions addressed by your insurance provider's member services does not guarantee coverage.)