

## CURRENT RATE SHEET (2024)

(We are in-network with BlueCross BlueShield, Medica, HealthPartners, United Healthcare, UMR, Aetna/FirstHealth Network, Medicare, Sanford Health, MultiPlan, and Medicaid)

- We never do balance billing if in-network with your policy.
- Can you still get reimbursed for out-of-network (OON) care? Yes! Many patients think that because a provider is listed as OON, they have to pay 100% of the cost themselves. But that's not true—insurance companies just want you to believe it is. Many insurers agree to cover 50 to 80% of the cost of out-of-network services like nutrition counseling.
- **RATES:** There is difference in price for self-pay visits VS. price using insurance.

**Self-pay rates/out-of-network/NO insurance involvement :**

All appointments are for **60-75 minutes**.

1. Pay as you go, per visit: = \$125 (due after every visit)
2. Package rates: (used within the next 6 months from the first visit; bundled visit payment is due right after your FIRST visit):

4-visit package- \$399 ← BEST VALUE for 4 visits (\$99.75 each)

OR

6-visit package - \$552 ← Best value for 6 visits (around \$92 each)

OR

8- visit package- \$720 ← Best value for 8 visits (around \$90 each)

"Add-ons 2 visits" after any bundled option- \$188 (\$94 each)

You may pay us using HSA/FSA cards also. Invoice will be provided.

**Prices using insurances (OUT-OF-NETWORK):** Less common

Getting a superbill is option B for OON clients with insurance involvement. If insurance involvement is there and we are out-of-network, you pay us out-of-pocket and at the time of service.

We provide you with a superbill ("itemized receipt of services") **and it's your responsibility to submit that superbill to your insurance on your own and you will receive the reimbursement directly.** Superbill is a great way to leverage your insurance and decrease out-of-pocket expenses. (We do recommend you check with your insurance if you have out-of-network MNT/nutrition counseling benefits on your policy). You may pay us using HSA/FSA cards also.

Rates- **Initial Nutrition visit**, around 90 minutes: **\$300** ; **Follow-up visit**, around 60 minutes: **\$160**

If you have more than one insurance: **Please send both cards, primary and secondary insurances.** Primary insurance needs to be billed before secondary insurances. If any of these are not your primary insurance, you will need to self-pay.

**PAYMENT:** A valid credit/debit card on file is required and will be charged for self-pay fees, amounts insurance tells us are your responsibility after claims processing, and in case of late cancel or no show. You may also keep a HSA/FSA card on file for eligible transactions. If your insurance does not cover your visit(s) for any reason, you are responsible for the full amount billed.

## INSURANCE VERIFICATION QUESTIONS:

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.

If you have **HealthPartners**, instead of calling them, you could request them benefits via email as well.

### Question you may want to ask your insurance:

- 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/practitioner NPI: 1760019061; NPI 2/ company NPI:1518574854)

- Does my plan cover nutrition counseling, procedure codes **97802** and **97803**?
- Is nutrition counseling covered as a **preventive** benefit? \_\_\_\_\_  
Are preventive services covered at a 100% ? \_\_\_\_\_
- Is nutrition counseling covered as a **medical** benefit?  
If so, are there any excluded diagnoses? \_\_\_\_\_  
Do I have a deductible to meet before insurance will pay? \_\_\_\_\_  
Will I have a copay or a coinsurance? \_\_\_\_\_
- Is nutrition counseling covered when provided via telehealth? Y\_\_\_ N\_\_\_
- My benefit year runs from \_\_\_\_\_ to \_\_\_\_\_  
How many visits are allowed in the benefit year? \_\_\_\_\_
- 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.)