

Insurance Verification Form:

Please call the number on the back of your insurance card and ask the following questions:

1. Is the provider, Samantha Robben (NPI: 1023625787), showing as in-network for this plan?
2. Does the patient have coverage for the following CPT codes:
 - a. 97802
 - b. 97803
 - c. S9740
3. Does the patient have telehealth coverage?
4. Does the plan cover the following ICD-10 codes:
 - a. Anorexia Nervosa (F50.00, F50.01, F50.02)
 - b. Bulimia Nervosa (F50.2)
 - c. Binge Eating Disorder (F50.81)
 - d. OSFED (F50.89)
 - e. ARFID (F50.82)
 - f. Nutrition Surveillance (Z71.3)
 - g. BMI codes (Z68.25, Z68.31, etc)
5. Is there a limit to the number of preventative benefits per year?
6. Is there a limit to the number of visits for a covered medical diagnosis?
7. Is there a deductible to be met? If so, specify.
8. Is there a prior authorization or PCP referral required?
9. Reference Number for this call