

**Claim Form to be used by Henrico County Members covered by a Southern Health Plan for reimbursement of Nutritional Counseling<sup>1</sup>**

**Instructions for Members:**

1. Members must submit this form to Southern Health in order to receive reimbursement.
2. Southern Health's reimbursement is \$45 per visit (or actual cost of visit if less than \$45).
3. The Member will be responsible for any amount that exceeds the Southern Health \$45 reimbursement amount.
4. Mail form to **Southern Health, P. O. Box 7704, London, KY 40742.**

**To be completed by Member:**

<b>MEMBER INFORMATION</b>	
Member Name	
Member ID Number	
Member Date of Birth	
Group Number	

**To be completed by Registered Dietician:**

It is requested that Dietitians use the following CPT Codes when completing this Claim Form.

**CPT Code 97802 Medical Nutrition Therapy - Initial Visit  
CPT Code 97803 Medical Nutrition Therapy - Follow Up**

Please indicate service (CPT Code) performed and length of service (in 15 minute units)

<b>RENDERING DIETITIAN</b>	
Name	
Payment Mailing Address	
Phone	
Tax ID or SSN	

<b>Date of Service</b>	<b>DX</b>	<b>97802 Initial visit</b>	<b>97803 Follow-up</b>	<b># of 15 minute Units</b>	<b>Charge</b>
	269.8	<input type="checkbox"/>	<input type="checkbox"/>		\$
	269.8	<input type="checkbox"/>	<input type="checkbox"/>		\$
	269.8	<input type="checkbox"/>	<input type="checkbox"/>		\$
	269.8	<input type="checkbox"/>	<input type="checkbox"/>		\$
<b>Total Charge</b>					<b>\$</b>

**Dietitian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**CDR#:** \_\_\_\_\_

<sup>1</sup> Benefit is effective January 1, 2009 and is subject to change as noted in the Plan Document for County of Henrico Health Plan. Registered Dietitians may call 1-866-533-5149 to verify coverage. Please note members have a 5 visit per calendar year limit for nutrition services.