

**Claim Form to be used by Registered Dietitians  
for Henrico County Government and Schools' Covered Members  
in the Southern Health Plan<sup>1</sup>**

**Instructions for Registered Dietitians:**

1. Registered Dietitians must submit this form to Southern Health in order to receive direct payment from Southern Health.
2. Southern Health's payment to Registered Dietitians is \$45 per visit (or actual cost of visit if less than \$45).
3. Please advise patient (member) of any payment responsibility that exceeds the Southern Health \$45 payment prior to providing services. You should collect this from the patient at time of service.

It is requested that Dietitians participating in this program limit charges to current Medicare reimbursement rates. (Published rates of July 2008, are as follows:)

CPT Code 97802 Medical Nutrition Therapy-Initial Visit: **\$26.22 (per 15 min)**  
CPT Code 97803 Medical Nutrition Therapy- Follow Up: **\$23.20 (per 15 min)**

Please indicate service (CPT Code) performed, length of service (in 15 minute units) and mail to:

**Southern Health, P. O. Box 7704, London, KY 40742**

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

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

Date of Service	DX	97802 Initial visit	97803 Follow-up	# of 15 minute Units	Charge
	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"/>		\$
Total Charge					\$

**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.