

Health Care for Wellness LLC
A nutrition and diabetes wellness consulting practice
FAX COMPLETED FORM TO: 1-888-570-4119.

Nutrition and Diabetes Education Self-Pay Referral Form

1/20/24 Version

(Print) Referring Provider Name: _____

Referring Provider Phone: _____

Referring Provider Fax: _____

Education/Diagnosis Prescription:

- Overweight [weight(pounds)_____ height (inches)_____ BMI_____]
- Obesity [weight(pounds)_____ height (inches)_____ BMI_____]
- Underweight [weight(pounds)_____ height (inches)_____ BMI_____]
- Hypertension (HTN) (BP _____/_____)
- High Cholesterol
(TC_____ LDL_____ HDL_____ TG_____)
- Diabetes, Type 2 (A1c_____)
- Diabetes, Type 1 (A1c_____)
- Prediabetes (A1c_____)
- Other Endocrine Disorders
- Chronic Kidney Disease (CKD)
- Other (not specified): _____

REQUIRED

Date of Referral: ____/____/____

Medical Diagnosis/ICD 10 code(s):

Provider Signature: _____

Provider NPI #: _____

***Please attach Medication List, Labs, and any comments
with the referral***

Management Plan of Care/Session

- Medical Nutrition Therapy (MNT), Individual, Initial and Follow-up (Meal Plan Session)
- Diabetes Self-Management Education & Support (DSMES) (Initial Assessment & Informational Review Session)

Reason for Education

- New Diagnosis
- Needs Review
- Change in Treatment Plan/Other _____

Client Name: _____ DOB: ____/____/____

Phone Number: _____ - _____ - _____ Language Spoken: _____

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Phone: 301-466-0611

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Nutrition and Diabetes Education Self-Pay Referral Form Process

Thank you for making a Medical Nutrition Therapy (MNT) and/or Diabetes Self-Management Education & Support (DSMES) session referral to *Health care for Wellness LLC*. Your clients are important to us, and we want to ensure that they receive the appropriate care in a timely manner. Please review the following guidelines to make this process both efficient and effective.

- Complete a Nutrition and Diabetes Education Self-Pay Referral Form. The following are **REQUIRED**.
 - medical diagnosis
 - ICD 10 diagnosis code
 - provider's signature and NPI number
- Fax the referral form to *Health care for Wellness LLC* to 1-888-570-4119. Fax number is provided on the referral form. *Health care for Wellness LLC* is HIPAA compliant, and referrals are received via a secure e-fax.
- Have office or client call to schedule an appointment: 301-466-0611.
- *Health care for Wellness LLC* will send a follow-up notice within 30 days of the referral form to inform the referring provider of the status of the referral.
- A letter of either the MNT and/or DSMES service appointment will be faxed to the referring provider and will note any scheduled follow-up visits.
- If unable to reach the client after 3 or more attempts or the client declines services, *Health care for Wellness LLC* will notify the referring provider via fax to complete the referral form process. The provider may refer the client again as needed.
- If the client misses a scheduled appointment, *Health care for Wellness LLC* will attempt to reschedule. The referring provider will be notified when a client misses two consecutive appointments and request, they refer the client again as needed.

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