YourFide Dietitian
Holistic Integrative and Functional Nutrition Therapy

Date: _____ Patient Name: _____ Date of Birth: _____ Age: _____

Address: _____ Phone: _____

Diabetic: YES ( ) NO ( ) ***if Diabetic or Renal and Medicare, please also complete Medicare referral form**

Referring Physician: _____ Phone: _____

NPI: _____ Fax: _____

INSURANCE COMPANY _____ PHONE NUMBER _____

SUBSCRIBER NAME _____ SUBSCRIBER'S DATE OF BIRTH _____

ID NUMBER _____ SUBSCRIBER'S RELATIONSHIP TO PT _____

In-network for: BCBS, Cigna, United Healthcare, Aetna, Humana, Medicare, OPTUM, MultiPlan and more.

MEDICAL DIAGNOSIS (Check all that apply)

☐	E10.___	Type 1 diabetes mellitus	☐	N18.___	Chronic kidney disease, stage ___
☐	E11.___	Type 2 diabetes mellitus	☐	I10	Essential (primary) hypertension
☐	E78.0	Pure hypercholesterolemia	☐	I11.___	Hypertensive heart disease _____
☐	E78.1	Pure hyperglyceridemia	☐	I12	Hypertensive chronic kidney disease
☐	E78.2	Mixed hyperlipidemia	☐	I25	Chronic ischemic heart disease
☐	E78.3	Hyperchylomicronemia	☐	I50	Heart Failure
☐	E78.4	Other hyperlipidemia	☐	K21.0	Gastroesophageal reflux with esophagitis
☐	E78.5	Hyperlipidemia, unspecified	☐	K21.9	Gastroesophageal reflux without esophagitis
☐	E66.0	Obesity due to excess calories	☐	K50.___	Crohn's disease _____
☐	E66.01	Morbid obesity due to excess calories	☐	K57.___	Diverticulosis of _____
☐	E66.3	Overweight	☐	K58	Irritable bowel syndrome (IBS)
☐	E66.8	Other Obesity	☐	K90.0	Celiac disease
☐	E66.9	Obesity, unspecified.- obesity NOS	☐	K52.2	Allergic and dietetic gastroenteritis and colitis
☐		Other	☐		Other

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPPA.

In-office and Virtual Nutrition services available to serve patients.

Most Major Health Insurance plans accepted including Medicare.

YourFide Dietitian-Nutritionist

Call: 770-881-8651(administration)

Send a Text: 404-590-3834

FAX: (470) 239-1564

E-mail: info@yourfide.com

EMAIL info@yourFide.com
Phone Call us 770-881-8651
Text Us: T404-590-3834
Fax To Us (470) 239-1564)

MEDICAL NUTRITION THERAPY REFERRAL FORM FOR MEDICARE PATIENTS

Please note, that medicare ONLY covers medical nutrition therapy (MNT) for diabetes and chronic kidney disease.
Medicare ONLY accepts referrals from physicians for MNT – Referrals from a PA or ARNP will be rejected by Medicare.

Date:	**Patient Name:**
Patient DOB:	**Address:**
Phone:	**Insurance:**

Please place a check "✔" next to all applicable diagnoses for the patient listed above

☐	E10.___	Type 1 diabetes mellitus	☐	N18.1	Chronic kidney disease, stage 1
☐	E11.___	Type 2 diabetes mellitus	☐	N18.2	Chronic kidney disease, stage 2
☐	O24.410	Gestational diabetes mellitus, diet-controlled	☐	N18.3	Chronic kidney disease, stage 3
☐	O24.414	Gestational diabetes mellitus, insulin-controlled	☐	N18.4	Chronic kidney disease, stage 4
☐		Other	☐	N18.5	Chronic kidney disease, stage 5
			☐	Z94.0	Kidney Transplant Status

Date		**Physician Name**	
Office Phone		**Physician Signature**	
Office Fax		**Physician NPI #**	

Please fax this completed form and any medical records/labs to (470) 239-1564

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- **Most insurances accepted – Aetna, Medicare, Anthem-BCBS, OPTUM, UnitedHealth care, Multiplan, Cigna, Humana and more…..**

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