DIGESTIVE HEALTH NUTRITION

New Patient Referral

(Form for Healthcare Providers)

Please fax this form to (405) 960-3125 or e-mail to info@digestivehealthnutrition.com.
To confirm receipt of the referral you may contact us via e-mail or by phone at (405) 960-3120.

We will contact the patient within 7 days to schedule a free initial call to review their health-related concerns, discuss the support they are looking for, and go over the services we provide.
*__Please note that all services are virtual, and we do not currently offer in-office visits.__

Digestive Health Nutrition LLC currently accepts Health Choice, Blue Cross Blue Shield, United Health Care, Aetna, and Cigna insurance. **Many plans cover nutrition therapy services, however, having an accepted insurance plan does not guarantee reimbursement.** We will verify insurance eligibility and coverage to help each patient understand their expected out of pocket costs.

Referring Office: _____ Referral Date: _____

Patient Information

Patient Name: _____ Date of Birth: _____

Patient Phone: _____ Insurance: _____

Reason(s) for Referral: _____

_____

Diagnosis(es): _____

ICD-10 Code(s): _____

Provider Information
***By completing the fields below, I certify that I have referred the above patient for medical nutrition therapy and/or nutrition counseling.

Provider First and Last Name: _____

Phone: _____ NPI#: _____

Signature: _____