Please fax referral to 623.505.3474

Please include recent lab work, recent progress notes, copy of patient's insurance card and written referral

Current locations:

Arizona:
Arrowhead Area: 18001 N 79th Ave, Ste A12; Glendale AZ 85308
Metrocenter Area: 10000 N 31st Ave, Ste C105, Phoenix, AZ 85051
Avondale Area: 10825 W McDowell Rd., Ste 220; Avondale AZ 85392
Scottsdale Area: 15333 N. Pima Road, Ste 305; Scottsdale AZ 85260
Tempe: Area: 64 E Broadway Road; Ste. 200; Tempe, AZ 85252
Mesa Area: 1910 S Stapley Drive, Ste 221; Mesa, AZ 85204
Chandler Area: 3100 W Ray Road, Ste 201; Chandler, AZ 85226
Gilbert Area: Virtual only currently

Nevada:
Henderson area: 871 Coronado Center Drive, Ste 200; Henderson, NV 89052
Summerlin area: 1180 N Town Center Drive; Ste 100; Las Vegas, NV 89144

AM NUTRITION SERVICES

Administration/mailing address
18001 N 79th Ave; A12
Glendale AZ 85308
P: 623.399.6825 F: 623.505.3474
www.amnutritionservices.com
info@amnutritionservices.com

Referral Form

Patient name: _____ DOB (mm/dd/yyyy): _____ Age: ____ Phone: _____

Address: _____ Date: _____

Insurance: _____ ID#: _____ Email: _____

Reason for referral:

- ❑ Diabetes/DSMES
- ❑ Kidney
- ❑ Class II and III obesity
- ❑ Hypertension
- ❑ Hyperlipidemia
- ❑ GI Disorders/Celiac Disease
- ❑ Eating Disorder Outpatient Management
- ❑ PCOS
- ❑ Bariatric (Pre/Post)
- ❑ Food Allergies
- ❑ Other: _____

Contracted provider with the following insurance carriers:

- Aetna
- AmBetter by HealthNet
- Arizona Care Network/Bright Health/Medica
- Arizona Complete Health/HN AHCCCS
- Arizona Priority Care
- Banner
- Blue Cross Blue Shield and Advantage
- Care 1st/One Care/Wellcare
- Cigna
- CMDP/DCS-CHP
- Health Choice/Steward Health
- HealthNet
- Humana
- ICP Preferred Service Provider/Par80
- Magellan Complete Care
- Medicare
- Mercy Care Plans
- Merritain, Ameriben, Gilsbar
- Optum/Lifeprint
- Oscar Health
- UHC Community Plan (UHCCP)/Dual
- United Health Care, UMR

Primary Care physician information:

_____

_____

_____

All referrals need to be made out to:
AM Nutrition Services
Tax id: 14-1995877
Group NPI: 1003011602
CPT Codes for medical nutrition therapy:
Initial with Dietitian: 97802
Follow up with Dietitian: 97803

Referral phone: 623.399.6825
Referral fax: 623.505.3474
info@amnutritionservices.com

Front of patient's insurance card

Back of patient's insurance card

Telehealth Now Available!! Please include recent lab work, recent progress notes, copy of patient's insurance card and written referral.