

Please fax referral to 702.623.2921

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



**Current locations:**

**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

**Arizona:**

Arrowhead Area: 18001 N 79<sup>th</sup> Ave, Ste A-12; Glendale AZ 85308  
Metrocenter Area: 10000 N 31<sup>st</sup> Ave, Ste C105, Phoenix, AZ 85051  
Avondale Area: 10750 W McDowell Rd, Ste A300; Avondale AZ 85392  
Paradise Valley Area: 3815 E Bell Rd, Ste 4250; Phoenix, AZ 85032  
Scottsdale Area: 10752 N 89<sup>th</sup> Pl, Ste 114B; Scottsdale AZ 85260  
Chandler Area: 3100 W Ray Road, Ste 236; Chandler, AZ 85226

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

## Referral Form

Patient name: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for referral:**

- |  |  |
|--|--|
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Eating Disorder Outpatient Management |
| <input type="checkbox"/> Kidney                      | <input type="checkbox"/> PCOS                                  |
| <input type="checkbox"/> Class II and III obesity    | <input type="checkbox"/> Bariatric (Pre/Post)                  |
| <input type="checkbox"/> Hypertension                | <input type="checkbox"/> Food Allergies                        |
| <input type="checkbox"/> Hyperlipidemia              | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> GI Disorders/Celiac Disease |  |

**Contracted provider with the following insurance carriers:**

- |  |                                    |
|--|------------------------------------|
| • Aetna                                | • Molina Health Care               |
| • AmBetter                             | • Nevada Medicaid                  |
| • Anthem Blue Cross Blue Shield Nevada | • Prominence Health Plan           |
| • Anthem Medicaid                      | • Sierra Health and Life           |
| • Cigna                                | • SilverSummit Health Plan         |
| • Culinary                             | • Teachers Health Trust Nevada/UMR |
| • Health Plan of Nevada/SHL only       | • UMR                              |
| • Humana                               | • United Healthcare                |
| • Medicare Nevada                      |                                    |

**Referring physician information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*We accept ALL insurance carriers with prior authorization number*

**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: 702.830.9685  
Referral fax: 702.623.2921  
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.