

**Please fax referral to 503-608-4533**

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

**Current Locations:**

Oregon: Portland: 205 SE Spokane St, Ste 300, Portland, OR 97202

Arizona: 8 Locations (Arrowhead, Metrocenter, Chandler, Mesa, Tempe, Avondale, Scottsdale, Telehealth)

Nevada: 2 Locations (Summerlin, Henderson, Telehealth)

Administration/mailing address

18001 N 79th Ave, A12

Glendale, AZ 85308

P: 623.399.6825 F: 623.505.3474

[www.amnutritionservices.com](http://www.amnutritionservices.com)

info@amnutritionservices.com

## Referral Form

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_

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

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

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Reason for referral:**

- Diabetes
- Kidney
- Class II and III obesity
- Hypertension
- Hyperlipidemia
- GI disorder/Celiac disease
- Eating disorder (Outpatient management)
- PCOS
- Bariatric (Pre/Post)
- Food Allergies
- Other: \_\_\_\_\_

**Contracting with the following insurance carriers:**

- Aetna
- Cigna/Great West Healthcare
- Medicaid
- Medicare (Contracted)
- United Healthcare
- Regence BlueCross BlueShield of Oregon
- Devoted
- Health Net
- Kaiser Foundation Health Plan of the Northwest
- Moda Health
- PacificSource
- Providence Health

All referrals need to be made out to:

AM Nutrition Services

Tax id: 14-1995877

Group NPI: 1003011602 C

PT Codes for medical nutrition therapy:

Initial with Dietitian: 97802

Follow up with Dietitian: 97803

**Primary Care physician information:**

OR Physician: \_\_\_\_\_ OR Referral Coordinator: \_\_\_\_\_



*Front of patient's insurance card*

*Back of patient's insurance card*