

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

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