



Alaska WEIGHT MANAGEMENT
& DIABETES COUNSELING

642 South Alaska Street, Suite 101, Palmer, AK 99645
(907) 707-1137 Fax: (907) 312-7700

Pediatric Nutrition Referral Form

Patient Name: _____ **DOB:** _____

Parent Name(s): _____

Phone: _____ **e-Mail:** _____

Diagnosis:

- Obesity --BMI above the 95th percentile for age and sex
(Covered at 100% by ACA compliant private insurance plans)
- Diabetes
- Failure to thrive or flat growth curve
- Chronic Constipation Chronic Diarrhea Anemia
- Other: _____

Note: ICD-9: 783.3 Picky eater/Feeding problem is not covered by insurances.

Order:

Medical Nutrition Therapy is ordered for the diagnosis(es) listed.

Provider Signature: _____ **Date:** _____

Note: **Tricare** only covers services received on Base or at VA facilities. Clients covered by **Medicaid** may receive nutrition counseling from the Outpatient Nutrition Offices at Providence and Alaska Regional Hospital. The Cooperative Extension Service offers nutrition educator services at no cost to low income individuals through the Family Nutrition Program. University Extension office phone: 745-3423

Office Staff Instructions:

To Assure Quality Care and Enable Insurance Billing Please Fax this form (or an electronic alternative) with the following:

- Recent Medical Note
(or list of all relevant diagnoses, medications, vital signs, etc.)
- Insurance billing information & demographics
- Relevant labs

FAX: (907) 312-7700