



Alaska Weight Management & Diabetes Counseling, LLC

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

Nutrition Referral Form

Patient Name: _____ **DOB:** _____

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

Diagnosis:

- Obesity
- Diabetes
- Other: _____

Order:

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

Provider

Signature: _____ **Date:** _____

Insurance Type	Weight Management (BMI over 30)	Prediabetes Coverage	Diabetes Coverage
Premera Blue Cross	Always 100%	Always 100%	Always 100%
Blue Cross Federal	Always 100% <small>(Coverage For BMI Over 25)</small>	Always 100%	Always 100%
EBMS	Always 100%	Always 100%	Always 100%
Aetna & Others	Often 100%	Variable	Yes

Billing Services are not available for patients with Medicaid, Medicare, or TriCare.

Office Staff Instructions:

To Assure Quality Care and Enable Insurance Billing Please Fax this form 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