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Mariah Ecker, RD Nicole Sievers, RD, CDCES Julia Solomon, RD Teresa Quintero Lopez, RD

Name:	Date of Birth:
Email:	Phone:
Above is referred for nutrition services as a necessary part of diagnoses listed	medical treatment and prevention of complications for
Referral Needs: Initial Nutrition Referral Additional	al Referral for Change in Condition / Treatment Plan
Please provide any applicable nutrition related ICD-10 codes	:
□ Diabetes ICD-10	□ Cardiac ICD-10
□ CKD ICD-10	□ OtherICD-10
Overweight / Obesity (PLEASE CIRCLE ONE IF APPLICABL	E) ICD-10: <u>E66.3 E66.8 E66.9 E66.01 E66.09 E66.1</u>
*Please note that insurance plans do not reimburse for ICD-1	0 BMI Z-codes (ie. Z68.30, etc.)
Please include the following attachments:	
□ Most recent office visit chart notes □ Most recer	nt lab work
□ Insurance card copy front & back OR please provi	de the following primary insurance information:
Insurance Company Name:	Policy Holder Name (Last, First):
Policy Holder Date of Birth:	Member ID
Referring Physician's Signature:	MD/DO Date:
Printed Name:	NPI:
Dhono :	Fave

Fax referral form and attachments to (855) 670-0422

Thank you for your referral! We will contact your patient within 1 business week.

Mariah Ecker, RD; Nicole Sievers, RD, CDCES; Julia Solomon, RD; and Teresa Quintero Lopez, RD are participants in the Hawai'i Nutrition Hui organized health care arrangement (OHCA). As part of Hawaii Nutrition Hui, the covered entities may share Protected Health Information (PHI) with each other as necessary to carry out any health care operations and activities of the OHCA. The information requested above is PHI, and is the minimum necessary to execute delivery of client services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.