

Mariah Ecker, RD	Nicole Sievers, RD, CDCES	l Jul

I

Phone :_

Julia Soloman, RD

I

Teresa Quintero Lopez, RD

Name:	Date of Birth:		
Email:	Phone:		
Above is referred for nutrition services as a necessary part of medical treatment and prevention of complications for diagnoses listed			
Referral Needs: Initial Nutrition Referral Additional 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 APPLICABLE) ICD-10: E66.3 E66.8 E66.9 E66.01 E66.09 E66.1			
*Please note that insurance plans do not reimburse for ICD-10 BMI Z-codes (ie. Z68.30, etc.)			
Please include the following attachments:			
 Most recent office visit chart notes Most recer 	nt lab work 🛛 🖓 Medication list		
Insurance card copy front & back OR please provide 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:		

_____ Fax: _____

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 Soloman, 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.