

Real Healthy Habits

Health & Nutrition Coaching with Registered Dietitians

TEL: 256-530-6040 **FAX: 256-937-3313**

4801 University Square, Suite 19, Huntsville, AL 35816

www.realhealthyhabits.com hello@realhealthyhabits.com

PATIENT REFERRAL FORM (NON-MEDICARE)

PATIENT INFORMATION		PATIENT INSURANCE	
PATIENT NAME:		INSURANCE COMPANY:	
DATE OF BIRTH:		ID NUMBER:	
ADDRESS:		SUBSCRIBER'S NAME:	
		SUBSCRIBER'S DATE OF BIRTH:	
PHONE NUMBER:		SUBSCRIBER'S RELATIONSHIP TO PATIENT:	
<p>IN-NETWORK WITH BCBS, UNITED, CIGNA, HUMANA, MEDICARE, AND MORE. AUTHORIZED PROVIDER FOR TRICARE. <i>For all insurance, we check prior authorizations, benefits, and coverage.</i></p>			
REFERRING PROVIDER INFORMATION			
REFERRING PROVIDER:		NPI:	
TEL:		FAX:	

MEDICAL DIAGNOSIS (CHECK ALL THAT APPLY)					
	E10.___	Type 1 Diabetes Mellitus		N18.___	Chronic Kidney Disease, stage__
	E11.___	Type 2 Diabetes Mellitus		K21.0	Gastroesophageal reflux with esophagitis
	I10	Essential Hypertension		K21.9	Gastroesophageal reflux without esophagitis
	E78.4	Other Hyperlipidemia		K50.___	Crohn's Disease _____
	E78.5	Hyperlipidemia, unspecified		K57.___	Diverticulosis of _____
	E66.01	Morbid Obesity due to excess calories		K58	Irritable Bowel Syndrome (IBS)
	E66.3	Overweight		K90.0	Celiac Disease
	E66.9	Obesity, unspecified--Obesity NOS		_____	Other
	E28.2	Polycystic Ovarian Syndrome		_____	Other

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient 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.