

Phone: (408) 370-7731 x-4
www.BayAreaNutrition.com

Medical Nutrition Therapy Referral Medicare Patients

*****Please ask patient to call our office to schedule an appointment (408) 370-7731*****

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From:

(Referring Physician Stamp/Write In)

Medicare reimburses for Medical Nutrition Therapy (MNT) for **Diabetes** and **Pre-dialysis Renal Disease**. Up to 3 hours of MNT is allowed the first year; 2 hours per subsequent years.

The following criteria must be met for patients to receive services from an RD Medicare Provider (please check those that apply and provide labs):

- Fasting glucose >126 mg/dl for Diabetes**
- Gestational diabetes: Any degree of glucose intolerance with onset or first recognition during pregnancy**
- Pre-Dialysis Renal Disease: Glomerular Filtration Rate 13-50 ml/min/1.73m2**

Physician's signature: _____

NPI # _____

Date _____

Patient's Name: _____

Phone (day): _____ (eve): _____ (cell): _____

Diagnosis: _____ ICD: _____

(Please indicate highest level of specificity.
ICD needs to include 5 digits - e.g. 250.00)

Other/Additional Comments: