



# EVERGREEN

HEALTH & WELLNESS

## Physician Referral Form

### MEDICAL NUTRITION THERAPY

#### PATIENT INFORMATION

Name (last, first, middle initial): \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/\_\_\_

Gender:  Male  Female  Other (please state): \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email address: \_\_\_\_\_

#### REASON FOR REFERRAL

Medical Diagnosis/Diagnoses: \_\_\_\_\_

Diagnosis Code(s): \_\_\_\_\_

Additional Notes/Concerns/Requests: \_\_\_\_\_

Referring Physician Name (please print): \_\_\_\_\_ NPI No: \_\_\_\_\_

Referring Physician Signature: \_\_\_\_\_ Date of Referral: \_\_\_/\_\_\_/\_\_\_

Practice Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

**PLEASE FAX THIS REFERRAL FORM AND SUPPORTING DOCUMENTATION TO 816-844-3348**

Johannah Schrader, RD, LD, CDCES  
Phone No: 816-200-2442  
Fax No: 816-844-3348  
Email: johannah@evergreenhealthmo.com  
www.evergreenhealthmo.com

Patient Clinic  
100 E 6th Street, Suite 3  
Kearney, MO 64060

Admin. Office/Correspondence Address  
14919 Plattsburg Rd  
Kearney, MO 64060

#### MEDICARE COVERAGE NOTICE

Please be advised that MNT coverage is only available for individuals with a diagnosis of diabetes. Coverage includes 3 hrs initial MNT in the first calendar year, plus 2 hours follow-up MNT annually. Additional MNT hours are available for change in medical condition, treatment and/or diagnosis with a written referral from the treating physician.

Medicare coverage requires the treating qualified provider to maintain documentation of a diagnosis of diabetes based on the following. Please include this documentation with referral:

- fasting blood glucose greater than or equal to 126 mg/dl on two different occasions
- 2 hour post-glucose challenge greater than or equal to 200 mg/dl on 2 different occasions
- random glucose test over 200 mg/dl for a person with symptoms of uncontrolled diabetes