BETHESDA MEDICAL
ASSOCIATES

New Patient Nutrition Consultation Referral Form

Patient Details

First Name *

Last Name *

Address *

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

Country

Male or Female *

- [ ] Male
- [ ] Female

Contact Number *

Area Code Phone Number

E-mail *

example@example.com

Insurance Information

Insurance coverage of Nutrition Counseling varies from payer to payer. We will do our best to obtain necessary authorization prior to your appointment and notify you if your visit will not be covered.

As a result, we request a copy of your insurance card (front and back) prior to scheduling your appointment to ensure we have the information and are able to make the appropriate contacts in a timely fashion once you have scheduled.

If we receive notification from your insurance that you will not be covered, at the time of your visit, you will be asked to sign a waiver acknowledging that you will be financially responsible for the cost of your appointment.

Please note: for patients with Medicare Part B, consultations and follow-up nutrition visits are only covered with the diagnosis of either diabetes (not pre-diabetes) or renal failure. Either of these diagnoses must be present on the physician referral and/or progress notes uploaded at the end of this form. If neither of these diagnoses apply, you will be asked to sign an ABN at the time of your appointment.

Insurance Carrier

Insurance ID and Group Number

Referral Details

Referring Physician *

New Referral? *

- [ ] Yes
- [ ] No

Re-Referral? *

- [ ] Yes
- [ ] No

Primary Diagnosis/Reason for Referral: *

Medications: *

Any additional questions or comments?

To best meet your nutritional counseling needs, we request that you obtain a copy of the most recent, relevant visit progress notes from your referring provider in addition to a copy of the most recent, relevant lab results.

If you have access to those documents at this time, we encourage you to upload them below.

If you don't yet have them, please either bring them with you to your appointment or fax (301-493-5532) or email (info@bethesdamed.com) them to our office ensuring that your name and date of birth are visible.

Signature *

I acknowledge and agree that my electronic signature affixed hereto is intended to authenticate this application and shall have the same force and effect as my handwritten signature.

We Will Be In Touch!

Thank you for your interest in scheduling an appointment with our Registered Dietitian, Jessica Murgueytio.

Upon receipt of this form, our office will contact you to schedule your Consultation visit. To ensure you receive a call, please double check that you have completed this form accurately and in entirety, including the best contact number for us to reach you.

Please be sure to attach a copy of your insurance card before returning this to our office as this is REQUIRED.

Optional documents you may also send include:

- a copy of your referral
- office visit notes
- lab results

You may send by email (info@bethesdamed.com), fax (301-493-5532), or postal mail.

Thank you,

Bethesda Medical Associates

10215 Fernwood Rd. Ste 50

Bethesda, MD 20817