Nutricia Navigator Patient Information Form

Please fax completed 2-page form to: 877-777-0164 Phone: 800-365-7354, option 8, ext 1200

Service Requested

Please check all that apply:

☑	Service	☑	Service	☑	Service
	Verify Insurance Benefits		Help with Prior Authorization Denial		Other - Please explain:
	Help with Prior Authorization		Help Finding a Supplier		

Attached Documentation (please check all that apply)

☑	Documentation	☑	Documentation	☑	Documentation
	Patient Health Insurance Card (front & back)		Prescription		Office Notes
	Growth Chart		Lab Results		Letter of Medical Necessity
	Prior Authorization Request		Prior Authorization Denial		
	Other – Please Identify:				

Patient Information

Last Name First Middle Initial Sex Date of Birth Weight (kg)

Street Address City State Zip Code Home Phone

Name of Patient Representative to Contact if Necessary Phone Number

Health Insurance Information

(Please complete both Benefit sections)

Medical Benefit

Company Name _____

Telephone _____

Subscriber Name _____

Relation to Patient _____

Social Security_____Date of Birth _____

Policy ID_____Group _____

Prescription Drug Benefit

_____

_____

_____

_____

_____Date of Birth _____

_____Group _____

Authorization to Share Medical Information

I authorize Nutricia North America and its contracted agent to have access to all medical and insurance coverage information (Health Information) and records which pertain to the patient listed on this form, necessary to verify and/or obtain insurance coverage for the Nutricia product specified below. This information may include spoken or written facts about the patient's medical condition or health insurance benefits. It may include copies of records from the physician or health plan outlining the patient's medical history or treatment plan. I further understand that all information and documentation will be held in strict confidence and may only be used as allowed in this form. I know I can refuse to sign this form. I may withdraw it at any time and for any reason. This won't affect the start or continuing of my treatment. It will have no effect on the quality of my treatment.

This authorization expires on January 1, 2019. If I change my mind before that time and do not want Nutricia North America to continue to share my Health Information, I can notify Nutricia North America of such revocation in writing, signed by me or on my behalf and delivered to Nutricia North America at 9900 Belward Campus Drive, Suite 100, Rockville, MD 20850. If I notify Nutricia North America in writing to stop sharing my Health Information, such notice will be effective upon receipt by Nutricia North America, but will not change any actions that Nutricia North America or others took in reliance upon this authorization before my effective revocation of this authorization.

Signature of Patient's Representative **Relationship to Patient** **Date**

Patient Name: _____

Please check all that apply:

☑	Product	☑	Product	☑	Product
	Neocate® Infant DHA/ARA		KetoCal® 3:1 Powder		Complete Amino Acid Mix
	Neocate® Syneo™ Infant				
			KetoCal® 4:1 Powder		Essential Amino Acid Mix
	Neocate® Junior- Unflavored				
	Neocate® Junior- Chocolate		KetoCal® 4:1 Liquid- Unflavored		Peptide® Junior
	Neocate® Junior- Tropical		KetoCal® 4:1 Liquid- Vanilla		
					PhlexyVits
	Neocate® Jr w/Prebiotics- Unflavored		DuoCal®		
	Neocate® Jr w/Prebiotics- Strawberry		Liquigen®		
	Neocate® Jr w/Prebiotics- Vanilla		Monogen®		
	Neocate® Splash Unflavored				
	Neocate® EO28 Splash- Grape				
	Neocate® EO28 Splash- Orange Pineapple				
	Neocate® EO28 Splash- Tropical				

☑	Diagnosis	ICD-10 Codes	☑	Diagnosis	ICD-10 Codes
	Allergic rhinitis due to food allergy	J30.5		Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus	G40.319
	Allergic and dietetic gastroenteritis and colitis	K52.2		Intestinal malabsorption, unspecified	K90.9
	Allergy to milk products	Z91.011*		Malabsorption due to intolerance, not elsewhere classified	K90.4
	Allergy to other foods	Z91.018*		Melena (bloody stools)	K92.1
	Other non-medicinal substance allergy status	Z91.048*		Other generalized epilepsy and epileptic syndromes, intractable, with status epilepticus	G40.411
	Dermatitis due to ingested food	L27.2		Other generalized epilepsy and epileptic syndromes, intractable, without status epilepticus	G40.419
	Eosinophilic colitis	K52.82		Other intestinal malabsorption	K90.89
	Eosinophilic esophagitis	K20.0		Postsurgical malabsorption, not elsewhere classified	K91.2
	Eosinophilic gastritis or gastroenteritis	K52.81		Underweight	R63.6
	Failure to thrive in newborn	P92.6		<5th percentile for age	Z68.51*
	Failure to thrive (child)	R62.51		5th percentile to < 85th percentile for age	Z68.52*
	Gastro-esophageal reflux disease without esophagitis	K21.9		85th percentile to < 95th percentile for age	Z68.53*
	Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus	G40.311		≥95th percentile for age	Z68.54*
	Other, please list:				

***Add-on codes**

Tube Fed [ ] Yes [ ] No

Calorie Requirement Per Day _____ **Ounce Requirement Per Day** _____

_____ _____

Physician Signature **Date**

_____

Physician Name (Please Print)