



2375 East Camelback Road
Suite 600
Phoenix, AZ 85016
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Phone: 602.341.5248
Fax: 602.702.5219

Patient Information

Patient Name:

Date of Birth:

Phone Number:

Diagnosis and ICD-10 codes:

Order(s):

CPT Codes for Authorization:

97802 – Initial Visit
Medical Nutrition Therapy

97803 – Follow-up Visit(s)
Medical Nutrition Therapy

Effective Date:

Expiration Date:

(or) 12/31/20

(For Medicare, whichever comes sooner)

Provider Information

Provider Name (Print):

NPI#:

Provider Signature:

Date:

Provider Contact Information

Office Contact Name:

Practice Name:

Phone #:

Fax#:

Instructions

1. Please complete the referral form.
2. Include patient demographics, patient insurance information, office visit(s) and lab work.
3. Fax Referral Form and Requested Documentation to **602.702.5219**.

Thank you for referring your patients to us! Healthy Regards!