

Please fax referral to 623.505.3474

Please include recent lab work, recent progress notes, copy of patient's insurance card and written referral



**Current locations:**

**Arizona:**

Arrowhead Area: 18001 N 79<sup>th</sup> Ave, Ste A12; Glendale AZ 85308  
Metrocenter Area: 10000 N 31<sup>st</sup> Ave, Ste C105, Phoenix, AZ 85051  
Avondale Area: 10825 W McDowell Rd., Ste 220; Avondale AZ 85392  
Scottsdale Area: 10752 N 89<sup>th</sup> Pl, Ste 114B; Scottsdale AZ 85260  
Tempe: Area: 64 E Broadway Road; Ste. 205; Tempe, AZ 85252  
Mesa Area: 1910 S Stapley Drive, Ste 221; Mesa, AZ 85204  
Chandler Area: 3100 W Ray Road, Ste 201; Chandler, AZ 85226

**Nevada:**

Henderson area: 871 Coronado Center Drive, Ste 200; Henderson, NV 89052  
Summerlin area: 1180 N Town Center Drive; Ste 100; Las Vegas, NV 89144

Administration/ mailing address  
18001 N 79<sup>th</sup> Ave; A12  
Glendale AZ 85308  
P: 623.399.6825 F: 623.505.3474  
[www.amnutritionservices.com](http://www.amnutritionservices.com)  
info@amnutritionservices.com

## Referral Form

Patient name: \_\_\_\_\_ DOB (mm/dd/yyyy): \_\_\_\_\_ Age: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance: \_\_\_\_\_ ID#: \_\_\_\_\_ Email: \_\_\_\_\_

**Reason for referral:**

- |  |  |
|--|--|
| <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Eating Disorder Outpatient Management |
| <input type="checkbox"/> Kidney                      | <input type="checkbox"/> PCOS                                  |
| <input type="checkbox"/> Class II and III obesity    | <input type="checkbox"/> Bariatric (Pre/Post)                  |
| <input type="checkbox"/> Hypertension                | <input type="checkbox"/> Food Allergies                        |
| <input type="checkbox"/> Hyperlipidemia              | <input type="checkbox"/> Other: _____                          |
| <input type="checkbox"/> GI Disorders/Celiac Disease |  |

**Contracted provider with the following insurance carriers:**

- |  |   |
|--|---|
| <input type="checkbox"/> Aetna                                     | <input type="checkbox"/> HealthNet                            |
| <input type="checkbox"/> AmBetter by HealthNet                     | <input type="checkbox"/> Humana                               |
| <input type="checkbox"/> Arizona Care Network/Bright Health/Medica | <input type="checkbox"/> ICP Preferred Service Provider/Par80 |
| <input type="checkbox"/> Arizona Complete Health/HN AHCCCS         | <input type="checkbox"/> Magellan Complete Care               |
| <input type="checkbox"/> Arizona Priority Care                     | <input type="checkbox"/> Medicare                             |
| <input type="checkbox"/> Banner                                    | <input type="checkbox"/> Mercy Care Plans                     |
| <input type="checkbox"/> Blue Cross Blue Shield and Advantage      | <input type="checkbox"/> Merritain, Ameriben, Gilsbar         |
| <input type="checkbox"/> Care 1st/One Care/Wellcare                | <input type="checkbox"/> Optum/Lifeprint                      |
| <input type="checkbox"/> Cigna                                     | <input type="checkbox"/> Oscar Health                         |
| <input type="checkbox"/> CMDP/DCS-CHP                              | <input type="checkbox"/> UHC Community Plan (UHCCP)/Dual      |
| <input type="checkbox"/> Health Choice/Steward Health              | <input type="checkbox"/> United Health Care, UMR              |

**Primary Care physician information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Front of patient's insurance card*

*Back of patient's insurance card*

**All referrals need to be made out to:**

AM Nutrition Services  
Tax id: 14-1995877  
Group NPI: 1003011602  
CPT Codes for medical nutrition therapy:  
Initial with Dietitian: 97802  
Follow up with Dietitian: 97803  
  
Referral phone: 623.399.6825  
Referral fax: 623.505.3474  
info@amnutritionservices.com