



Ingrid Knight, RD and Associates, Inc.

Adult and Pediatric Nutrition Counseling

FAX to: 1-855-449-4606

3 Simple Steps to improve the health of your patients

1. Complete referral form 2. Fax 3. We take care of the rest!

Our office: schedules, verifies insurance and keeps you informed of patient progress

We have **Registered Dietitian Nutritionists** specializing in:

Weight management, diabetes, high blood pressure, gastrointestinal disorders, kidney disease, cardiac disease, celiac disease, food allergies, tube feedings, lactation consulting, pediatric nutrition and more

Date: _____ Patient Name: _____ Date of Birth: _____ Age: _____

Address: _____ Phone: _____

Diabetic: YES () NO () *if Diabetic or Renal and Medicare, please also complete Medicare referral form

Referring Physician: _____ Phone: _____

NPI: _____ Fax: _____

INSURANCE COMPANY _____ INS CO PHONE NUMBER _____

SUBSCRIBER NAME _____ SUBSCRIBER'S DATE OF BIRTH _____

ID NUMBER _____ SUBSCRIBER'S RELATIONSHIP TO PT _____

In-network for: BCBS, United Healthcare, Aetna, Humana, Medicare, and more.
For all insurances, we check prior authorization, benefits and coverage

MEDICAL DIAGNOSIS (Check all that apply)

<input type="checkbox"/>	E10.____	Type 1 diabetes mellitus	<input type="checkbox"/>	N18.____	Chronic kidney disease, stage ____
<input type="checkbox"/>	E11.____	Type 2 diabetes mellitus	<input type="checkbox"/>	I10	Essential (primary) hypertension
<input type="checkbox"/>	E78.0	Pure hypercholesterolemia	<input type="checkbox"/>	I11.____	Hypertensive heart disease _____
<input type="checkbox"/>	E78.1	Pure hyperglyceridemia	<input type="checkbox"/>	I12	Hypertensive chronic kidney disease
<input type="checkbox"/>	E78.2	Mixed hyperlipidemia	<input type="checkbox"/>	I25	Chronic ischemic heart disease
<input type="checkbox"/>	E78.3	Hyperchylomicronemia	<input type="checkbox"/>	I50	Heart Failure
<input type="checkbox"/>	E78.4	Other hyperlipidemia	<input type="checkbox"/>	K21.0	Gastroesophageal reflux with esophagitis
<input type="checkbox"/>	E78.5	Hyperlipidemia, unspecified	<input type="checkbox"/>	K21.9	Gastroesophageal reflux without esophagitis
<input type="checkbox"/>	E66.0	Obesity due to excess calories	<input type="checkbox"/>	K50.____	Crohn's disease _____
<input type="checkbox"/>	E66.01	Morbid obesity due to excess calories	<input type="checkbox"/>	K57.____	Diverticulosis of _____
<input type="checkbox"/>	E66.3	Overweight	<input type="checkbox"/>	K58	Irritable bowel syndrome (IBS)
<input type="checkbox"/>	E66.8	Other Obesity	<input type="checkbox"/>	K90.0	Celiac disease
<input type="checkbox"/>	E66.9	Obesity, unspecified.- obesity NOS	<input type="checkbox"/>	K52.2	Allergic and dietetic gastroenteritis and colitis
<input type="checkbox"/>		Other	<input type="checkbox"/>		Other

The information requested above is Protected Health Information (PHI), and is the minimum necessary to execute delivery of patient services. Please understand as a link in the "Chain of Trust", all PHI will remain confidential as mandated by the Treatment, Payments, and Healthcare Operation Laws mandated by HIPAA.

- **Office locations in Cumming, Athens, and Middle Georgia**
- **Virtual Video Consulting available to all Georgia residents**
 - **Most insurances accepted**

Call: 404-725-0808

E-mail: info@ingridknightrd.com

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www.ingridknightrd.com