

## Nutricia Navigator Patient Information Form

**Please Fax Completed Form to: 877-777-0164**  
**Please Email Completed Form to: nutricianavigator@nutricia.com**

Phone: 800-365-7354, option 5

### 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)
<hr/>					
Street Address	City	State	Zip Code	Home Phone	
<hr/>					
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
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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® Nutra	KetoCal® 4:1 Liquid- Unflavored	
	KetoCal® 4:1 Liquid- Vanilla	Peptide® Junior
Neocate® Junior- Unflavored		
Neocate® Junior- Chocolate	DuoCal®	PhlexyVits
Neocate® Junior- Tropical	Liquigen®	
Neocate® Jr w/Prebiotics- Unflavored		
Neocate® Jr w/Prebiotics- Strawberry		
Neocate® Jr w/Prebiotics- Vanilla		
Neocate® Splash Unflavored		
Neocate® Splash- Grape		
Neocate® Splash- Orange Pineapple		
Neocate® 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	K52.29	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	<5 <sup>th</sup> percentile	Z68.51*
Failure to thrive (child)	R62.51	5 <sup>th</sup> percentile to <85 <sup>th</sup> percentile	Z68.52*
Gastro-esophageal reflux disease without esophagitis	K21.9	85 <sup>th</sup> percentile to 95 <sup>th</sup> percentile	Z68.53*
Generalized idiopathic epilepsy and epileptic syndromes, intractable, with status epilepticus	G40.311	95 <sup>th</sup> percentile for age	Z68.54*
Food protein-induced enterocolitis Syndrome	K52.21	<b>Other, please list:</b>	

\*Add-on codes

Tube Fed  Yes  No

Calorie Requirement Per Day \_\_\_\_\_ Ounce Requirement Per Day \_\_\_\_\_

Physician Signature \_\_\_\_\_

Date \_\_\_\_\_

Physician Name (Please Print) \_\_\_\_\_

Phone Number \_\_\_\_\_