## 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 A220; 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:

Referral phone: 623.399.6825 Referral fax: 623.505.3474 info@amnutritionservices.com

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

info@amnutritionservices.com

## Eating Disorder Outpatient Referral Form

Patient name:	DOB (mm/dd/yyyy	r): Age: Phone:
Insurance:		
Reason for referral:		Primary Care physician information:
☐ Eating Disorder Outpatient M	lanagement	
Contracted provider with the followi	ng insurance carriers:	
Aetna AmBetter by HealthNet Arizona Care Network/Bright Health/Medica Arizona Complete Health/HN AHCCCS Arizona Priority Care Banner Blue Cross Blue Shield and Advantage Care 1st/One Care/Wellcare	Oscar Health	Front of patient's insurance card
Cigna CMDP/DCS-CHP Health Choice/Steward Health	<ul><li>UHC Community Plan (UHCCP)/Dual</li><li>United Health Care, UMR</li></ul>	
All referrals need to be made out	to:	
AM Nutrition Services		
Tax id: 14-1995877		
Group NPI: 1003011602		Back of patient's insurance card
CPT Codes for medical nutrition the	гару:	
Initial with Dietitian: 97802		
Follow up with Dietitian: 97803		