

Medical Nutrition Therapy Order Form

To schedule an appointment, please call Scheduling - 569-4688

Appointment Date: _____ **Time:** _____

Please fax order, demographic sheet, medication list & recent labs for patient eligibility/outcomes monitoring to scheduling dept. 569-4191



NACOGDOCHES
Memorial Hospital

Patient's Last Name _____ First Name _____ Middle _____
 Birth Date ____/____/____ Gender: Male Female Height: _____ Weight: _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Other Phone _____

Medical Nutrition Therapy (MNT)

*Please check the type of MNT requested:

- Initial MNT
 Annual follow-up MNT
 Additional MNT services in the same calendar year
 _____ Number of additional hours requested

Please specify change in medical condition, treatment and/or diagnosis:

Additional Instruction Requested

*Please check all that apply:

- Blood Glucose Monitoring
 (frequency) _____
 Insulin Injection Teaching
 (type, dose, frequency) _____

Diagnosis

- Diabetes: Type 1 Type 2
 Diagnosis: Poorly/inadequately controlled
 Uncontrolled (out of control)
 Gestational Diabetes
 Chronic Renal Insufficiency (Please Specify GFR _____)
 Other _____

Medicare MNT Coverage

Medicare covers 3 hours initial MNT in first calendar year and 2 hours follow-up annually. Additional MNT hours are available for change in medical condition, treatment and/or diagnosis.

For the Medicare Part B MNT benefit, diagnosis must be diabetes or chronic renal insufficiency.

Diabetes

Medicare coverage of MNT requires the physician to provide documentation of a diagnosis of diabetes based on one of the following:

- fasting blood sugar ≥ 126 mg/dl on 2 different occasions
- 2 hour post-glucose challenge ≥ 200 mg/dl on 2 different occasions
- random glucose test > 200 mg/dl for a person with symptoms of uncontrolled diabetes.

Chronic Renal Insufficiency

- GFR 13-50 ml/min/1.73m²
- Non-dialysis

Complications/Comorbidities

- Hypertension Pregnancy
 Nephropathy Stroke
 Dyslipidemia PVD
 Non-healing wound CAD
 Retinopathy Obesity
 Neuropathy Mental/affective
 Other _____

Signature _____ Date: ____/____/____



M D O O 2

PATIENTS – Please Read

Please arrive at least 15 minutes before your scheduled appointment.

Please check in at the front lobby to register and bring with you:

- **This form**
- **Identification (picture identification if possible)**
- **Health Insurance cards (Medicare, Medicaid, Blue Cross, private insurance, any other health insurance information)**
- **List of current medications, if available.**

A Patient Liaison will help you through the registration process. If you have questions at any time, please feel free to call the dietitian at 569-4605.

IMPORTANT PATIENT INFORMATION

Medicare may not pay for all of your health care costs. Medicare only pays for covered items and services when Medicare rules are met. The fact that Medicare may not pay for a particular item or service does not mean that you should not receive that item or service.

Nacogdoches Memorial Hospital may give you a form called an Advance Beneficiary Notice or ABN. The purpose of the form is to help you make an informed choice about whether or not you want to receive a test or service, knowing that you may have to pay for them yourself if Medicare rules are not met for the test or service.

Please read the ABN form carefully if you receive one. If you have any questions, we will be happy to answer them.

PACIENTES – Leer, por favor

Por favor llegar por lo menos 15 minutos antes de su cita programada.

Por favor regístrese en la sala de frente y traiga con usted:

- **Esta forma**
- **Identificación (con foto si es posible)**
- **Tarjetas de aseguranza de salud (Medicare, Medicaid, Blue Cross, aseguranza privada o cualquier otra aseguranza de salud)**
- **Lista de medicinas que este tomando**

Un empleado de liaison de Paciente le ayudará durante el proceso de registracion. Si tiene alguna pregunta en cualquier momento, por favor sientase comodo de llamar al especialista de dietas al 569-4605.

INFORMACIÓN IMPORTANTE DEL PACIENTE

Puede que Medicare no pague por todos los gastos de su cuidado de salud. Medicare sólo paga por artículos y servicios cubiertos cuando son cumplidas las reglas de Medicare. El hecho de que Medicare no pague por cierto artículo o servicio no quiere decir que usted no deva recibir ese artículo o servicio.

El Hospital Memorial de Nacogdoches le dara una forma llamada una Notificacion de Beneficiario Avansado, o ABN. El propósito de la forma es de ayudarle a hacer una decisión informada sobre si desea o no recibir una prueba o servicio, sabiendo que usted quizas tendra que pagar por ellos si las reglas de Medicare no son cumplidas para la prueba o servicio.

Por favor lea la forma ABN cuidadosamente si recibe una. Si tiene alguna pregunta, estaremos dispuestos a contestarlas.