

DME Vendor

Pharmacy

Consistent with chapter 253 of RI General Law, Neighborhood does not provide coverage for Nutritional Supplements unless the patient has a demonstrated inability to ingest or absorb food adequately. Requests due to lack of appetite and/or cognitive problems will be denied

INSTRUCTIONS: Please complete and send to In Network DMEnson Vendor. DMEnson's Customer Service phone number is (866)205-2122

Patient Name (required): _____ Physician Name/Specialty: _____

Patient DOB required): _____ Physician DEA #: _____

Patient NHPRI # (required): _____ Physician Telephone # (required): _____

Diagnosis (required): _____ Physician Fax # (required): _____

Name of nutritional supplement: _____ Contact person at Physician's office: _____

Quantity (per month in number of cans and units): _____ Expected Length of Treatment (please be specific): _____

Request Date _____ Start Date: _____ Thru Date: _____

Current Weight & Percentile _____ Current Height & Percentile _____ Current BMI _____

Previous Weight and Percentile _____ As of Date _____

Please answer the following:

Has patient demonstrated inability to ingest or absorb food adequately which is NOT related to loss of appetite or cognitive problems? (circle one) **Yes** **No**

If the answer to above is "Yes" then check all that apply below:

- Patient is pregnant and has extreme morning sickness, hyperemesis gravidarum, gestational diabetes or anatomic/neurologic impairment of the GI tract.
- Nutritional Supplements are the sole source of nutrition (no food is ingested)
- Patient has diagnosis of "failure to thrive" that increases caloric need while impairing caloric intake/retention
- Patient is receiving nutrition via tube, catheter or stoma
- Patient has anatomic structures of the GI tract that impair digestion and absorption
- Patient has neurological disorder that impairs swallowing or chewing
- Patient has diagnosis of inborn errors of metabolism
- Patient has sustained nutrient loss or increased metabolic need due to chronic disorder or acute condition (e.g. excessive burns, abscess, infection, anti-tumor therapy, Anorexia Nervosa, HIV/AIDS, short bowel syndrome, CF, renal dialysis)
- Patient is Adult and has involuntary or acute weight loss of >10% of usual body weight within a 3 to 6 month period or a BMI < 18.5 kg/m²
- Patient no gain or abnormally slow rate of gain for 3 months or has an age appropriate weight for height ratio less than the tenth (10th) percentile despite instruction in appropriate diet
- Other (please specify) _____

Provider's Signature _____ Date _____