PrimeWest HEALTH

Enteral Nutrition Service Authorization Form

Dispensing provider should fax this form to PrimeWest Health Medical Administration at **1-866-431-0804** (toll free). **Submission of this form does not guarantee approval.**

A one-time, 30-day supply of enteral products may be dispensed before authorization is required.

General Information		
Provider name	Provider ID#	Date
Member name	PrimeWest Health member ID#	DOB
Nutritional product	UPC	HCPCS code
Calories per can	Units per can	☐ Liquid ☐ Powder

NOTE: UPC from cans may not be current

Requesting facility name			Requesting facility phone # ( )
Requesting facility address*	City	State	Zip
Member's place of residence			
Type of request, i.e., initial or continuing (list date enteral therapy began or a change in prescription)			
Date last seen by physician	Date of order and estimated duration of enteral therapy per physician		
Diagnosis and how it is related to the need for enteral nutrition therapy			
Other diagnosis			
Route of administration			
Total calories needed per day	Total calories from other ingested foods and liquids	Total calories from enteral products	
Height	Weight	Target weight	
Other therapy/treatment that may justify the need for the enteral nutrition product			
Comments			
Date	Physician signature		

*Approval and/or denial letters will be sent to the address provided here.