INSURANCE CHECK LIST

Use the checklist below to help you gather what you need BEFORE sending to a dme/supplier.

☐ Speak to your physician regarding using Functional Formularies products.
☐ Patient demographic/face sheet from doctor.
☐ Copies of patient insurance cards, front and back.
☐ A prescription (rx) for Functional Formularies products. on your doctor’s prescription pad, or an electronic order from doctor, inclusive of product, dosage (calories or volume), and administration method (i.e. Oral, bolus, pump, gravity). If consuming via pump include flow rate.
☐ Recent progress notes (within 6 months) from your doctor.
☐ A nutrition assessment treatment plan for Functional Formularies products from a registered dietitian, nutritionist or a physician.
☐ Enteral form (ent), completed by your doctor, nurse practitioner or physicians assistant. This is NOT considered a prescription. (print from insurance page and give it to your doctor)

MEDICARE PARTICIPANTS ONLY:

☐ Proof of functional impairment; swallow study or speech therapy notes provided by your doctor. If above tests cannot be performed, detailed doctor’s notes need to be provided as to why.
☐ Progress notes need to be current within 6 months and include: Proof patient is 100% tube fed.
☐ The length of feeding tube use. This needs to be stated numerically. (i.e. Number of months/days, or 99 years to indicate lifetime use)
☐ Proof of trial and fail of commercial formulas. Notes need to state what formulas were tried, when, why patient did not tolerate and if any medications or adjustments were made to combat the intolerances.

PLEASE SUBMIT ALL COMPLETED FORMS AT ONE TIME. First to your current dme supplier and ask them if they can carry your Functional Formularies products for you, since you will be changing formula. If they cannot, PLEASE FAX ALL DOCUMENTS to one of your state suppliers listed on our website.

Please feel free to contact us with questions at 937.433.HOPE(4673) option 2.

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