



Nutritional Supplement Request Form - DMension

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. In addition, Neighborhood is secondary to WIC Benefits. WIC covers infant formula & nutritional supplements for (1) infants and children under 5 years of age, (2) pregnant women, (3) and breastfeeding mothers. WIC can be reached at 1-800-WIC-7434. WIC's preferred products should be utilized, if clinically appropriate, before Neighborhood reviews a prior authorization for a supplement not covered by WIC

INSTRUCTIONS: Please complete and send to In Network DMension Vendor. DMension's Customer Service phone number is (886)205-2122

Patient Name (required): Physician Name/Specialty:
Patient DOB (required): Physician DEA #:
Patient NHPRI # (required): Physician Telephone # (required):
Diagnosis (required): Physician Fax # (required):
Contact person at Physician's office:

Name of nutritional supplement: Caloric intake desired per day with supplements:
Quantity (per month in number of cans and units): Expected Length of Treatment (please be specific):
For members < 5 years old: What product & QTY is currently provided by WIC? What QTY is being requested from Neighborhood per month? Cans/Units

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 NOT pregnant or breastfeeding
Patient is < 5 years old but qualifies for supplements in excess of the amount provided through the WIC program
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 is child over the age of 5 and has 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

Created: 03/13/02 Modified 6/25/09; 12/9/10, 11/30/11