formula4success™

ENROLLMENT FORM

Enrolling in formula4success is simple:

The patient or patient's caregiver:

1. Fill out the Enrollment Form.
2. FAX or scan/email completed Enrollment Form to 1-855-727-2513 or support@Nestle4success.com

Contact formula4success prior to placing an order for product

HEALTH CARE PROVIDER INFORMATION

❒ Doctor ❒ Dietitian (check one)

Name _____

Practice Name _____

City/State/Zip _____

Phone # _____

PATIENT INFORMATION

Patient Name _____ Date of Birth _____

Parent/Guardian Name (If patient is under 18 years of age or under the care of a legal guardian)

_____ Relationship to Patient _____

Street Address _____ City/State/Zip _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Gender: ❒ Male ❒ Female Email address _____

INSURANCE INFORMATION

Primary Insurance Company _____ Secondary Insurance Company _____

Primary Insurance Company Phone # _____ Secondary Insurance Company Phone # _____

Policyholder Name _____ Policyholder Name _____

Policyholder ID _____ Policyholder ID _____

Group # _____ Group # _____

PRODUCT INFORMATION

Name of Product _____

Do you have a doctor's order for this product? ❒ Yes ❒ No Diagnosis Code (ICD-10): _____

Are you receiving the product from a supplier? ❒ Yes ❒ No Supplier Name and Phone # _____

PATIENT CONSENT

Check both of the following: ❒ I have read and agree to the Privacy Statement & Authorization to Share Information set forth below.
❒ I give my consent to enroll in the **formula4success** program.

Patient's Name (print) _____

Patient's Signature (required) _____ Date _____

Signature of Patient or Patient Representative (if signed by a Representative, explain authority to act for the Patient)

Patient's Representative (print) _____

Authority: ❒ *Parent/Legal Guardian* ❒ *Power of Attorney* ❒ *Limited Power of Attorney* ❒ *Other (please specify):* _____

Privacy Statement & Authorization to Share Information: Personal information collected by formula4success will be shared with our agents and contractors as well as other outside organizations (including healthcare providers and health plans) to help provide patients with reimbursement support. **By agreeing to enroll in the formula4success program and submitting your information, you authorize representatives from formula4success and its agents and contractors to contact you and have access to and share with healthcare providers, health plans and other third parties, all medical and insurance coverage information and records that pertain to the patient listed on this form to verify insurance coverage and provide claims support for Nestlé products.** You acknowledge that formula4success does not guarantee coverage by any insurance plan providers and will not reimburse any claims denied by third party providers and that the reimbursement support provided by formula4success may be changed or discontinued at any time without notice. If you want to revoke your consent to allow formula4success and its agents and contractors to access and share your medical and insurance coverage information, you may notify formula4success at any time via email at support@Nestle4success.com.

NestléHealthScience