PKU Perspectives
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Pleasant Grove, UT 84062 USA
Telephone: 1-866-758-3663
FAX: 1-866-701-3788
E-Mail: insurance@PKUperspectives.com

COVERAGE ASSISTANCE FORM

Ask us if you need help filling out this form.

1. FIRST NAME	MIDDLE INITIAL	LAST NAME	2. DATE OF BIRTH
3. STREET ADDRESS WHERE YOU LIVE	CITY	STATE ZIP CODE	4. HOME/PREFERRED PHONE NUMBER
5. EMPLOYMENT STATUS: ☐ CHILD ☐ EMPLOYED F/T ☐ EMPLOYED P/T ☐ UNEMPLOYED ☐ DISABLED ☐ SELF-EMPLOYED ☐STUDENT ☐OTHER	6. EMAIL:		7. OTHER PHONE NUMBER(S)

Genetic Disorder

8. DISORDER	9. CURRENT MEDICAL FOOD	10. AMOUNT PER DAY	11. CURRENT SUPPLIER

Clinical Information

12. DIETITIAN/RD	13. DOCTOR	14. CLINIC	15. PHONE

Responsible Party/Parent/Caregiver (Guarantor) Information

16. RELATIONSHIP TO PATIENT ☐ SELF ☐ CHILD ☐ SPOUSE ☐ PARENT ☐ OTHER _____

17. FIRST NAME	MIDDLE INITIAL	LAST NAME	18. PHONE NUMBER

Primary Insurance Information

19. INSURANCE NAME	20. PHONE NUMBER	21. MEMBER ID#	22. GROUP NUMBER
23. MEMBERS NAME	24. MEMBERS DATE OF BIRTH	25. RELATIONSHIP TO PATIENT	

Secondary Insurance Information

26. INSURANCE NAME	27. PHONE NUMBER	28. MEMBER ID#	29. GROUP NUMBER

Authorization for Release of Health Information: *I hereby authorize PKU Perspectives to release healthcare information. This information contained herein may be shared to PKU Perspectives and its affiliates for quality purposes to ensure that the necessary resources are available to service you for medical food reimbursement support. Such information is furnished in compliance with **HIPAA** to allow for the best service. Nonetheless, if you do not wish for this information to be shared with PKU Perspectives call (866)758-3663 and our HIPAA Privacy Officer will assist you with this request and ensure that the information is not shared.*

Signature: _____ **Date:** _____

(Signature of Insured/Guardian)

Please fax or email completed form to: Attn: Fax **(866) 701-3788** or Email **insurance@PKUperspectives.com.** Please attach a prescription and Letter of Medical Necessity ***