

Date
Insurance Company & Address

Optional: Hospital or Physician

SUBJECT: Request for coverage/reimbursement for Whole Story Meals Tube Feeding Formula

I am requesting insurance coverage and reimbursement on behalf of _____ a _____-year old patient who has been under my care since ___/___/_____. I have prescribed Whole Story Meals tube feeding formula for the management of _____(*diagnosis or condition*).

Verify medical necessity for formula, including: diagnosis, documented failure or intolerance to other formulas, current height/weight, tracking on growth chart, history of weight loss, pertinent lab results, medications, potential outcome if formula is denied.

Whole Story Meals is a powdered real-food (powdered blenderized) tube-feeding formula for patients that would benefit from a gluten-free, dairy-free, soy-free real food diet. These products are intended for the nutritional management of patients with special health needs, constipation, diarrhea, and/or those requiring a long-term tube feeding regimen and the desire for a real food component. Whole Story Meals is also intended for oral use.

- 100% real food ingredients
- 400 calories per 1 cup powdered (pre-hydrated) serving
- No Preservatives, no artificial colors or flavors
- No gluten, no dairy, no tree nuts, no peanuts, no corn and no soy
- Powdered meals allow for greater freedom and quality of life for tube feeding individuals.

Whole Story Meals is intended for use under medical supervision. Whole Story Meals enteral formula is recognized by the Centers for Medicare and Medicaid Services (CMS) as “an enteral formula, manufactured blenderized natural foods with intact nutrients... administered through an enteral feeding tube”, found in HCPCS Category B4149.

Your approval for this reimbursement will make a positive difference in the health of this patient. Thank you for reviewing this request. Please contact me should you require any additional information.

Sincerely,

Physician's Signature

Phone number

Email