INSURANCE COVERAGE ASSISTANCE FORM

Lanfam LLC
2805 E. Oakland Park Blvd.
Suite 368
Fort Lauderdale, FL
33306 USA

All fields must be completed

1. FIRST NAME	MIDDLE INITIAL	LAST NAME	**2.** DATE OF BIRTH
3. STREET ADDRESS	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

Diagnosis

7. MEDICAL CONDITION	**8.** CURRENT MEDICAL FOOD	**9.** DAILY DOSE	**10.** CURRENT SUPPLIER

Clinical Information

11. DIETITIAN/PHYSICIAN	**12.** CLINIC	**13.** PHONE	**14.** FAX

Responsible Party/Parent/Caregiver (Guarantor) Information

15. RELATIONSHIP TO PATIENT: ☐ SELF ☐ CHILD ☐ SPOUSE ☐ PARENT ☐ OTHER _____

16. FIRST NAME	MIDDLE INITIAL	LAST NAME	**17.** PHONE NUMBER

Primary Insurance Information

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

Secondary Insurance Information

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

Authorization for Release of Health Information: *I hereby authorize LanFam, LLC to release healthcare information. This information contained herein may be shared to LanFam, LLC 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 LanFam, LLC call ((305) 504-8514 and our HIPAA Privacy Officer will assist you with this request and ensure that the information is not shared.*

Signature: _____ **Relationship to patient:** _____ **Date:** _____

(self, caregiver, parent, clinician)

IMPORTANT: PLEASE FAX COMPLETED FORM TO: HEARTS ENTERAL, LLC., ATTN: RAENETTE FRANCO -
FAX (973) 387-1223 OR EMAIL TO: raenettef@compassionworksmrs.com
Please attach a prescription, Letter of Necessity and copy of Insurance Card (front & back) *