

DATE: _____

Insurance Co. NAME

Address

SUBJECT: Request for coverage/reimbursement for ENU Nutrition Shakes® enteral 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 Trovita Health Science [ENU Nutrition Shakes] feeding formula for the dietary management of (*diagnosis or condition*).

ENU Nutrition Shakes are designed for patients age 2 and older that may benefit from a gluten, lactose, low sugar and casein free formula made with real food ingredients. This product is intended for the nutritional management of those patients with special health needs, medical directives specifying special dietary considerations and complications caused by other formulas that manifest as diarrhea, constipation or other allergic sequelae. It is also appropriate for those requiring long term tube feeding. ENU Nutrition Shakes are also intended for oral use.

In this particular case ENU Nutrition Shakes are best used under my medical supervision. Trovita Health Science (ENU Nutrition Shakes) enteral tube feeding formula is recognized by the Centers for Medicare and Medicaid Services [CMS] as: “Enteral formula, nutritionally complete with intact nutrients, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit, found in **HCPCS Category B4153**.”

Thank you for reviewing this request. Please contact me should you require any additional information.

Sincerely,

(Phone or e-mail)

**Note you may want to attach any pertinent medical information supporting your directive.*