

Provider Order Form for Medically Tailored Meals

I declare that the following information is true and correct:

- 1. I am a physician, registered dietitian (RD), clinical nurse specialist (CNS), nurse practitioner (NP), pharmacist, or physician assistant (PA) certifying the member's nutrition-sensitive health condition.
- 2. I attest that the Medi-Cal member listed below would benefit from medically tailored meals services.

Member Information

Member last name:

Member ID#/CIN#:

Provider Information

Provider order signed by a licensed health care provider or other appropriate clinician, such as a physician, registered dietitian (RD), clinical nurse specialist (CNS), nurse practitioner (NP), pharmacist physician assistant (PA).

Provider type:

Provider name:

(print)

Provider signature:

Date:

Community Health Plan of Imperial Valley ("CHPIV") is the Local Health Authority (LHA) in Imperial County, providing services to Medi-Cal enrollees in Imperial County. CHPIV contracts with Health Net Community Solutions, Inc. to arrange health care services to CHPIV members. *Health Net Community Solutions, Inc. is a subsidiary of Health Net, LLC and Centene Corporation. Health Net is a registered service mark of Health Net, LLC. All other identified trademarks/service marks remain the property of their respective companies. All rights reserved.