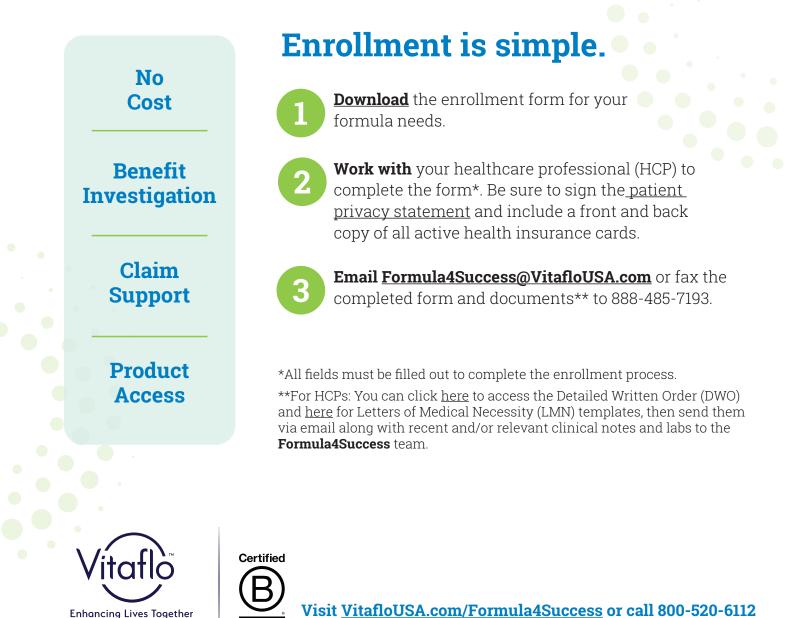
## Formula4Success®

A Nestlé Health Science Company

The Formula4Success<sup>®</sup> program offers step-by-step, detailed information and support to get the Vitaflo<sup>™</sup> products you need. From navigating insurance to finding distributors or suppliers, we can help.





## Patient Information (please print)

Patient's legal name	
Patient's date of birth (mm/dd/yyyy)	
Name of parent or legal guardian(s) (if patient is unde	er age 18)
City State	Zip
Preferred phone number(s) ( )	( )
Email address	
Vitaflo product(s) requested	
Healthcare	Provider Information
Clinic	
Clinic street address	
CityState	Zip
Please list contact information for Diet	tician or the HCP that prescribes your formula below.
	Phone number Fax
Primary Insurance Information	Secondary Insurance Information
Insurance provider	Insurance provider
Policy holder's name	Policy holder's name
Group ID	Group ID
Member ID	
	Insurance provider's phone number(  )
Pharmacy services phone number ( )	Pharmacy provider's phone number ( )
Patient Consent (required)	
Please read and check both of the following:	
□ I have read and agree to the Privacy Statement & A	
□ I give my consent to enroll in the <b>Formula4Succes</b>	
Patient's representative (print)	
	ure (required) Date
Authority: Darent/Legal Guardian Dower of Attorn	ney 🗖 Limited Power of Attorney 📮 Other (please specify):
Datient Authorization to Share Medical Information Dequired for Dation	
Falletti authorization to Share Menical Information Required for Petiens	a Foloument

Patient Authorization to Share Medical Information Required for Patient Enrollment

By signing below and submitting your information, you authorize **Formula4Success** for Vitaflo<sup>™</sup> USA, Inc. (**"Vitaflo**"), to contact you and to collect your personal medical and insurance coverage information and share it with our agents and contractors as well as outside organizations (including healthcare providers and health plans), in order to verify insurance coverage and provide you with reimbursement support for **Vitaflo** products. You acknowledge that **Vitaflo** does not guarantee coverage by any insurance plan providers and will not reimburse any claims denied by third party providers. If you want to revoke your consent to access and share your information, you may notify us at any time via email at <u>Formula4Success@VitafloUSA.com</u>

## Important Notice:

The information on this site is for informational purposes only and does not constitute legal advice. All medical necessity determinations must be made by the responsible clinician. Information on this site is obtained from third-party sources and is subject to change without notice due to frequently changing laws, regulations and guidance. Users should contact the appropriate payers for specific questions regarding coding, coverage, or reimbursement. **Vitaflo** does not guarantee coverage by any insurance plan and will not reimburse any claims denied by third-party payers.



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