



Formula4Success[®]

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

**No
Cost**

**Benefit
Investigation**

**Claim
Support**

**Product
Access**

Enrollment is simple.

- 1** **Download** the enrollment form for your formula needs.
- 2** **Work with** your healthcare professional (HCP) to complete the form*. Be sure to sign the patient privacy statement and include a front and back copy of all active health insurance cards.
- 3** **Email Formula4Success@VitafloUSA.com** or fax the completed form and documents** to 888-485-7193.

*All fields must be filled out to complete the enrollment process.

For HCPs: You can click [here](#) to access the Detailed Written Order (DWO) and [here](#) for Letters of Medical Necessity (LMN) templates, then send them via email along with recent and/or relevant clinical notes and labs to the **Formula4Success team.



Enhancing Lives Together
A Nestlé Health Science Company

Certified



Corporation

Visit VitafloUSA.com/Formula4Success or call 800-520-6112



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 under age 18)
Shipping address
City State Zip
Preferred phone number(s)
Email address
VitaFlo product(s) requested

Healthcare Provider Information

Clinic
Clinic street address
City State Zip

Please list contact information for Dietician or the HCP that prescribes your formula below.

Name
Email Phone number Fax

Primary Insurance Information

Secondary Insurance Information

Insurance provider
Policy holder's name
Group ID
Member ID
Insurance provider's phone number
Pharmacy services phone number

Patient Consent (required)

Please read and check both of the following:
I have read and agree to the Privacy Statement & Authorization to Share information set forth below.
I give my consent to enroll in the Formula4Success program.
Patient's name (print)
Patient's representative (print)
Patient's signature, or patient's representative signature (required) Date
Authority: Parent/Legal Guardian Power of Attorney Limited Power of Attorney Other (please specify)

Patient Authorization to Share Medical Information Required for Patient Enrollment

By signing below and submitting your information, you authorize Formula4Success for VitaFlo™ 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 Formula4Success@VitaFloUSA.com

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.



Enhancing Lives Together
A Nestlé Health Science Company

VitaFloUSA.com/Formula4Success

