

PediaSmart® Organic Complete Nutrition Beverage

Certificate of Medical Necessity



PediaSmart® Organic Complete Nutrition Beverage Available in Dairy & Soy

Date _____

To (Insurance Company) _____

From (Physician's Name) _____ (Hospital or Company) _____

_____ is a _____ (age) patient who has been under my care for _____ years.

She/he has a diagnosis of _____, which has been managed with _____

The patient's current weight is _____ and height is _____. He or She will require _____ calories- kcal/ounces per day.

This may adjust as his or her nutritional needs change. The use of PediaSmart® is a key component to the medical management of the patient's condition. I am requesting insurance coverage and reimbursement for this patient, for whom I am prescribing PediaSmart®.

- PediaSmart® may be used as a complete source of nutrition for children who have demonstrated a medical diagnosis and qualifying condition. PediaSmart is appropriate for children who suffer from oral motor feeding disorders and failure-to-thrive due to underlying medical conditions such as cerebral palsy, cystic fibrosis, autism, cancer and congenital heart disease. PediaSmart may be used to increase caloric intake beyond what is expected for a child's age.
- PediaSmart has been scientifically formulated to meet or exceed 100% of the Dietary Reference Intakes for protein, fat, and carbohydrate when consumed in amounts appropriate for a child's age. It contains all essential vitamins and minerals.
- PediaSmart is the only complete nutrition supplement mix on the market made without corn syrup. Additionally, PediaSmart is made with no peanut, gluten or lactose & no artificial colors, flavors or sweeteners.
- PediaSmart Soy may also be used for children with galactosemia under the guidance of a healthcare professional.
- PediaSmart may be prescribed as a medical nutritional therapy either orally or by tube feeding to help maintain nutritional well-being and prevent malnutrition and may be used as a complete source of nutrition under the supervision and special instructions of a healthcare professional. Not for parenteral use.

Product	Protein & Flavor	HCPCS Code	NDC – Format Code <small>Source – First Databank</small>	Cal per Can
PediaSmart	Dairy Vanilla	B4160	16514-0881-01	1,680
PediaSmart	Soy Vanilla	B4160	16514-0881-03	1,680

Your approval of this request will make a significant difference in the health and well-being of my patient.

Sincerely,

Physician's Signature

Date: