



# Formula4Success<sup>®</sup>

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.

**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](mailto: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



Visit [VitafloUSA.com/Formula4Success](https://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 \_\_\_\_\_  
Dietitian's name or doctor's name \_\_\_\_\_  
Dietitian's email or doctor's email \_\_\_\_\_  
Dietitian's phone number or doctor's 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 \_\_\_\_\_ Member ID \_\_\_\_\_  
Insurance provider's phone number ( ) \_\_\_\_\_ 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 & 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](mailto: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.



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