



EAT WELL . LIVE WELL

Practice Address: 7805 Waters Ave Unit 7A
Savannah, GA 31406

MEDICAL NUTRITION THERAPY REFERRAL PROCESS

Fax referral to 877-838-3095

Include in referral:

Client demographics

Insurance information

ICD-10 code associated with referral

Any relevant chart notes or bloodwork

Pediatrics– Growth charts for height and weight

We will fax back a confirmation that we have received the fax and will reach out to the patient within 48 hours to get an appointment scheduled.

TELEHEALTH & IN PERSON AVAILABLE

Please don't hesitate to reach out with any questions!

P: 912-800-5674

Email: Admin.GA@nutritionhealthworks.com

Mailing Address: 7985 NC HWY 150E Terrell, NC 28683

We accept Blue Cross Blue Shield, Aetna, Cigna, UHC/UMR, Medicare, HSA, and Flex Spending