



Medical Alert Service

2022 Referral Form

Phone: 320-255-5700

Fax: 320-650-6320

Email: medicalalertservice@centracare.com

NPI#: A381715600

Date _____

Referred By _____

Phone _____

County/Agency _____

Email _____

Subscriber Information:

Name _____ Male Female Date of Birth _____

Street Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

Primary Diagnosis _____ Primary Diagnosis Code _____

Other Diagnosis _____

If we should contact someone other than the subscriber to complete intake, note detail below:

Name _____ Relationship _____ Phone # _____

Choose the Service(s) Requested: *Registration Fee applies to all help button systems (S5160 \$40 one-time fee)*

Check here if the subscriber is approved for any help button system and we should discuss options with subscriber. Otherwise note below which system is approved.

IN- HOME:

- Landline Unit S5161 \$35/mo In-Home Wireless (no landline) S5161 \$45/mo
- Landline w/Fall Detection S5161 \$50/mo In-Home Wireless w/Fall Detection S5161 \$50/mo

MOBILE:

- Belle Mobile Unit S5161 \$45/mo Anelto Mobile Unit w/Fall Detection & GPS S5161 \$55/mo
- BellePlus Mobile Unit w/Fall Detection S5161

MEDICATION DISPENSER: Non-Monitored T2029 (E1399 for AC) One time purchase price \$399

**Please contact us for special needs and accessory requests*

Choose Payor Source for Billing:

- PMI # _____
- County Waiver Health Partners – ID# _____
 - BCBS Medicaid Waiver Medica - Group # _____
 - South Country Health Alliance UCARE – ID# _____

Notes: _____

Please securely send completed form to us via Email medicalalertservice@centracare.com or fax 320-650-6320.

Thank you for the referral!