

Medical Alert Service

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 _____

Contact Person: Name _____ Phone # _____

Relationship _____

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

HOME BASED:

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

MOBILE:

- Belle Mobile Unit S5161 \$45/mo
- Mobile Safety Device S5161 \$55/mo
(with fall detection option)

MEDICATION DISPENSER:

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

Choose Payor Source for Billing:

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

Notes: _____