



REFERRAL FORM

Web: dosehealth.com
Email: referrals@dosehealth.com
Referrals: 844.300.6212
Fax: 844.525.0515
NPI# 1891155909

Date

I am a:

Waiver Case Manager I Waiver Care Coordinator

Nurse I Nursing Case Manager

Family Member I Client

Other:

Choose the Services Requested: *The yearly billing option shown includes a one month free trial*

Dose Remind I \$15/month

Phone and text reminders with custom messages

Dose Flip I \$60/month

Lockable smart pill box to help safely manage medications

Optional Equipment I No charge

Adaptive Flipper

Adaptive Flipper + Anti

Extra Tray

Refilling

Stand

Dose PERS I \$30/month

Portable ERS used inside and outside with 2-way talk through pendant support

Dose PERS+ I \$45/month

Dose PERS with Fall Detection and GPS Tracking for caregivers to locate 24/7 on web, mobile app,

Client Information:

Name

Date of Birth

Phone

Member ID/PMI

Address

City

State

Zip

Does Client Live with a residential service provider?

Yes

No

If 'Yes' what is the company and/or program name?

Person we can contact to help setup the service(s) requested:

Name

Relationship

Phone

Organization

Contact Client if Caregiver Doesn't Respond?

Yes

No

Waiver Case Manager I Care Coordinator:

Name

Phone

Email

Extra Notes:

**PLEASE COMPLETE AND EMAIL (USING YOUR SECURE EMAIL CLIENT)
TO referrals@dosehealth.com OR FAX TO 844.525.0515**

After submitting the referral form:

1. We will contact you to confirm the referral was received.
2. We will contact the person responsible for approval/filling medications to confirm services/setup.
3. We will follow up with you after everything is setup. Thank you for the referral!