



Washington New PERS Referral Form

Please put New Referral in Subject line when you submit by email

Provider Number: 2139846-01

Select the PERS TYPE

S5161 \$30/month

S516 \$0

Mobile Mini-Lite "Wrist Unit

Mobile/GPS Pendant

Home Based Unit (Landline)

Home Based Unit (Cellular)

Wrist Band or Lanyard



Please check this box to include Free Fall Detection for any of these devices.

Client INFORMATION

*Medicaid or Provider One #: _____ *Date of Birth: _____

*Medicaid Waiver Program Name: _____ Dates of Auth: _____

*First Name: _____ *Last Name: _____

Home Phone: _____ Cell Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Will the patient need a translator? _____ What language? _____

Alternate Contact Name _____ Phone: _____

REFERRAL INFORMATION

AAA Agency Name or HCS Office/City Name: _____

Care Manager's Name: _____

Care Manager's Phone: _____ Email: _____

Referral Submission Date: _____

SPECIAL INSTRUCTIONS

**Please put NEW REFERRAL in subject line then email the completed form to: referrals@medscope.org
You can also fax it to 610-896-7233**