



**REFERRAL FORM**  
**MHCP/HCBS Waiver Provider**  
 Medication Reminders & Dispensers

Web: [dosehealth.com](http://dosehealth.com)  
 Email: [referrals@dosehealth.com](mailto:referrals@dosehealth.com)  
 Referrals: 844.300.6212  
 Fax: 844.525.0515  
 NPI# 1891155909  
 CPT Code: T2029 (E1399 for AC)  
 Specialized Supplies & Equipment

Date

**Choose Appropriate Waiver Program for Billing:**

MN County Waivers      UCARE      Blue+/Bridgeview      Medica

Case Manager Name  Phone

Case Manager Email

**Choose the Services Requested:**

Dose Dispense (\$40 / month)  
*Best for medications administered 1-2 times per day*

Dose Dispense Duo (\$60 / month)  
*Two Dose Dispenses*  
*Best for medications administered 3-4 times per day*

**Check for Additional Services:**

Dose Call Reminders (\$15 / month)  
*Automated call or text reminders*

On Site Setup and Training (\$85)  
*In home setup by a Dose Health team member*

**Client Information:**

Name  Date of Birth

Address

City  State:  Zip

Phone #  Insurance ID#

Who is responsible for filling client medications?      Client      Family Caregiver      Homecare Nurse

**Caregiver / Nurse Information:**

Name  Relationship

Phone #  Organization

**Notes:**

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

After submitting the referral form:

1. Complete a Service Agreement for Dose Health with NPI# 1891155909, CPT Code: T2029 (E1399 for AC), Specialize Supplies & Equipment
2. Notify consumer/family/caregiver that Dose Health will contact them to set up the device.
3. We will follow up with you when everything is setup. Thank you for the referral!