



REFERRAL FORM
MHCP/HCBS Waiver Provider
Medication Reminders & Dispensers

Web: dosehealth.com
Email: 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 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!