



# Blue Plus Dose Flip Referral Form For MSHO Members

Web: [dosehealth.com](http://dosehealth.com)  
Email: [referrals@dosehealth.com](mailto:referrals@dosehealth.com)  
Referrals: 844.300.6212  
Fax: 844.525.0515  
NPI# 1891155909  
Billing code: A9999

Date

### Dose Flip

Lockable smart pill box to help safely manage medications

### Optional Equipment | No charge

Adaptive Flipper

Extra Tray

Refilling Disk

Stand

### Dose Flip Notifications

Email, text or call notifications for members or approved caregivers

**\*Please include who we should contact to set up/approve Dose Flip notifications in "Extra notes" below\***

## Member Information:

Name

Date of Birth

Phone

Member ID/PMI

Address

City

State

Zip

Translation Services Needed      If selected, what language is needed?

## Person we can contact to help setup the service requested:

Name

Relationship

Phone

Organization

## Care Coordinator:

Name

Organization

Phone

Email

## Extra 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. 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!