

## QMedic MSHO Supplemental Benefit Referral Form

Email completed form to [referrals@qmedichealth.com](mailto:referrals@qmedichealth.com) or fax to 617-904-1745

NPI: 121-535-8361

Phone: 1-877-241-2244

\*Indicates required field

### Care Manager Information

Organization*:
Your Name*:
Your Phone*:
Your Email*:

### Member Information

Member Name*:	
Member Phone*:	
Member PMI*:	
Birth Date*:	
Diagnosis Code*:	
Member Street Address*:	
City, State, Zip*:	
PERS Service Type*:	
Additional Services (optional):	<input type="checkbox"/> Lockbox <input type="checkbox"/> Companion Pet - Dog <input type="checkbox"/> Companion Pet - Cat <input type="checkbox"/> Companion Pet - Bird <input type="checkbox"/> Blood Pressure Cuff

### Language & Other Information

*Please specify member's preferred language if not English.*

### Caregiver Information

*Only fill out this section if you would like us to contact the caregiver instead of member.*

Caregiver Name:
Caregiver Phone:
Relationship to Member:

\*Indicates required field