

**2024 BLUE PLUS MSHO SUPPLEMENTAL BENEFITS
REFERRAL FORM FOR CORNER HOME MEDICAL**

NPI: 1750338851

***CARE COORDINATOR: Please complete the form & email customerservice@cornerhm.com
OR Fax to 763-536-3590 or 952-388-0444. No Service Agreement is required in Bridgeview.***

Date:

Member Information:

Name:	DOB:	PMI number:
Mailing street address:		Apt#:
City:	State:	Zip:
Phone number:	(Corner Home Medical will contact member when order is filled)	
Diagnosis:	<input type="checkbox"/> Check here if interpreter is required and language:	
Items requested:		
<input type="checkbox"/> FitBit Activity Tracker – Black only, box includes small & large bands (E1399 U5/\$119.03) Item ID: <u>FITFB424BKBK</u>		
<input type="checkbox"/> Face Masks - Box of 50 Disposable (E1399 UD/\$34.16) Item ID: <u>BMI66040</u>		
<input type="checkbox"/> Electric Toothbrush (E1399 U1/\$93.15) Item ID: <u>PHIHX648111</u>		
<input type="checkbox"/> Toothbrush replacements heads (E1399 U2/\$31.05) Item ID: <u>PHIHX903325</u>		
<input type="checkbox"/> Incontinence Pads – Qty: 6 (E1399 UB/\$144.90) Item ID: <u>ESSC2002B3</u>		
May choose one (1) from options below:		
<input type="checkbox"/> Rollator Walker Bag – Large (E1399 U6/\$41.40) Item ID: <u>NOV4009BK</u>	<input type="checkbox"/> Rollator Walker Bag – Small (E1399 U7/\$31.05) Item ID: <u>NOV4006BK</u>	
<input type="checkbox"/> Wheelchair Arm Tote (E1399 U9/\$31.05) Item ID: <u>GOLMBABAGARM</u>	<input type="checkbox"/> Wheelchair Backpack (E1399 U8/\$46.50) Item ID: <u>EZAEZ0060BK OR EZAEZ0200BK</u>	

Referring Care Coordinator	
Name:	County/Agency:
Email:	Phone:

Thank you. Any questions? Contact Corner Home Medical at 866-535-5335