

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance



REFERRAL FORM FOR DME MEDICAL ASSISTIVE DEVICES AND SERVICES (DME MADS)

Instructions: This form is to be used in conjunction with the Beneficiary, their family, or Authorized Representative and may be used to request either Personal Emergency Response System (PERS) services or a Medication Management Device (MMD) services (or both services simultaneously).

New Referral Reauthorization of Existing Services Transfer Request

Beneficiary Information	
Beneficiary Name: _____	Medicaid ID: _____ Program Code: _____
Address: _____	Telephone Number: _____
_____	Date of Birth: _____
Beneficiary's Physician: _____	Physician telephone: _____
Physician NPI, if known: _____	Physician fax number: _____
Special Notes for Installation: _____	
Provider Selection (select 1): <input type="checkbox"/> Alert Medical Alarms – 020967561 <input type="checkbox"/> Best Buy Health – 037965419 <input type="checkbox"/> Guardian – 068565892 <input type="checkbox"/> Lifeline Systems – 027850295	
Service Selection: <input type="checkbox"/> Landline PERS <input type="checkbox"/> Wireless PERS <input type="checkbox"/> Mobile PERS <input type="checkbox"/> Medication Management Device (select all that apply)	
If Medication Management Device, please list a contact who can assist with installation and loading:	
Referral Information	
Referrer's Name: _____	Referrer's Telephone Number: _____
Relationship to Beneficiary: _____	Referrer's Fax Number: _____
Has this person been assessed with the interRAI HC in the last 90 days?	Yes No
If no, is clinical documentation to justify the referral attached?	Yes No
Does the Beneficiary work with a Home Health Agency?	Yes No
If so, please include the name of the Home Health Agency: _____	
Provider Acceptance	
Date 719A form submitted: _____	Authorization Number: _____
Service Start Date: _____	

Please submit this form to an approved DME MADS provider via secure email to the following:

- Alert Medical Alarms: intake@alertmedicalalarms.com
- Best Buy Health: Referrals-CST@bestbuy.com or Secure Fax: 1-800-325-5145
- Guardian Medical Monitoring: sf-hc@guardianmedicalmonitoring.com
- Lifeline Systems: governmentservices@lifeline.com