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## **PERS Service Referral**

Date:	Referred by: Contact number:
Client Information: Name:	
MCO Member ID Number:	DOB: Sex:
PMI Number:	Phone Number:
Primary Language:	Emergency Contact:
	Phone:
Service Authorized:	
Date of Services:	Diagnosis Code:
Type of Services: Personal Emergency Response Systems (PERS) Services	Procedure Code: <u>\$5160, \$5161, \$5162</u>
Equipment (Check one)	
WellBe Smartwatch V2	Belle X Pendant
WellBe Pendant V1	
Additional Notes:	