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### PERS Service Referral

Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Contact number: \_\_\_\_\_

**Client Information:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

MCO Member ID Number: \_\_\_\_\_

Address:

PMI Number: \_\_\_\_\_

Street \_\_\_\_\_

Primary Language: \_\_\_\_\_

City \_\_\_\_\_

State MN Zip code \_\_\_\_\_

Member Phone Number: \_\_\_\_\_

Member Email: \_\_\_\_\_

**Service Authorized:**

Date of Services: \_\_\_\_\_

Type of Services: Personal Emergency Response Systems (PERS) Services

\_\_\_ PERS Smartwatch - Stride

\_\_\_ PERS Smartwatch - WellBe

\_\_\_ PERS Pendant - Belle X

\_\_\_ PERS wristband/pendant - Belle W

**Emergency Contact:**

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**Diagnosis Code:** \_\_\_\_\_

**Procedure Code:** S5160, S5161, S5162

**Additional Notes:**