Jefferson Health Plans | Health Partners Plans | integra partners

Referral ℞ Form

Date (form completed): ____________________

Member Information (Please Print)

Member Name: ____________________

Member Phone Number: ____________________ Date of Birth: ____________________

Member Shipping Address: ____________________

Medicare ID#: ____________________ Medicaid / Chip ID#: ____________________

Individual & Family (Exchange) ID#: ____________________

Patient must be 18 years of age or pregnant.

Provider Information

Ordering Provider's Name: ____________________

Ordering Provider's NPI #: ____________________

Provider Office Contact Name: ____________________

Provider's Phone #: ____________________ Provider's Fax Number: ____________________

℞ Date: ____________________ Provider's Signature: ____________________

Diagnosis Code: ____________________

Product Needed (Please select product and size)

☐ **Standard Adult BP Cuff**

- 8.6" – 16.5" arm circumference

MANUFACTURING:
A&D Engineering

☐ **Bluetooth Enabled BP Cuff**

- 9" – 17" arm circumference

MANUFACTURING:
Omron Healthcare

Return to: **Home Delivery Incontinent Supplies, Inc.**
Phone: **1-855-892-2104** | Email: HPPSupport@hdis.com | Fax: 833-396-4663

This fax contains confidential information intended for the person(s) to whom it is addressed. If you should receive this in error please contact us immediately by return fax or at the above phone number. Unauthorized use of this information may be in violation of criminal statutes or HIPAA Regulations. Under no circumstances shall this material be retained, transmitted, or copied by anyone other than the addressee(s).

Contact ID: 830792

©HDIS, 2024