Referring Agency (CM Staff to Complete Blue Box and Submit to Physician)

Independent Care Health Plan (iCare) Medicare Advantage Agency

18581 Corp Account #

Referral Date

Care Coordinator

Phone Number

Email

Incident Report Preference: Fax # 414-231-1090

Client Information

First Name

Middle Name

Last Name

M F

Address

Suite/Apt #

City

State

Zip

Date of Birth

Phone Number

Alternate Number

Language (other than English)

Emergency Contact Name

Relationship to Client

Contact Phone Number

(To be Completed by iCare's Prior Authorization Department)

Authorization Number

Start Date

End Date

Service Requested

☐	Installation/Testing/Activation/Education $0.00 S5160
☐	Home-Based Landline PERS $24.00 S5161 U1
☐	Home-Based Cellular PERS $29.00 S5161 U2
☐	Home-Based Fall Detection Pendant $5.00 S5161 U3
☐	Extra Home-Based Pendant $5.00 S5161 U4
☐	Smoke Detector (24/7/365 monitored) $ 10.00 S5161 U7
☐	Special Adaptive Strobe for Hearing Impaired $10.00 S5161 U8
☐	Special Adaptive Switch's for Physically Impaired $10.00 S5161 U9
☐	**Mobile Go Anywhere PERS:** Numera Libris w/GPS & Fall Detection $36.95 S5161 C1 FreeUs Belle+ w/GPS & Fall Detection $36.95 S5161 C 6 Specify Device: _____ FreeUs Belle w/WiFi Geo Location Service $32.95 S5161 C5
☐	Lockbox for Spare Key Upon Request (Complimentary) $ 0.00 S5161 U6

(Ordering Physician to Complete and Fax Request to iCare's Prior Authorization Department at 414-231-1026)

Physician Signature

ICD10 Code

Date