Jefferson Health Plans | integra partners

Referral Rx Form

Date: _____

Patient Information (Please Print)

Member Name: _____

Shipping Address: _____

Phone Number: _____ Date of Birth: _____

Medicare ID #: _____ Medicaid / CHIP #: _____

Individual & Family (Exchange) #: _____

Patient must be 18 years of age or pregnant.

Physician's Information

Physician's Name: _____

Physician's NPI #: _____

Office Contact Name: _____

Physician's Phone Number: _____ Physician's Fax Number: _____

Rx Date: _____ Physician's Signature: _____

Diagnosis Code: _____

Product Needed

☑ Digital Blood Pressure Monitor

Return to:

Home Delivery Incontinent Supplies, Inc.

Phone: **1-855-892-2104** | Email: HPPSupport@hdis.com | Fax: 833-396-4663

Contact ID: 830792