



HealtheMedSM
bringing your healthcare home

REFERRAL FORM

Phone: 952-562-1235
Fax: 844-999-1534
NPI: 1881253037
Email: referrals@healthemed.net
Web: healthemed.net

Date

I am a:

Waiver Case Manager | Service Coordinator

Family Member | Client

Nurse | Nursing Case Manager

Other:

Choose the Product Requested:

HealtheMed "Clinic at HomeTM" Telemedicine Platform | \$300/month
*or agreed upon county/state pricing

Client Information:

Name Date of Birth

Phone Member ID / PMI

Address

City State Zip

Person we can contact to help setup the service(s) requested:

Name Relationships

Phone Organization

Waiver Case Manager | Service Coordinator:

Name Phone

Email

Extra Notes:

Please complete and email (using your secure email client) to: referrals@healthemed.net OR fax to 844-999-1534.

After submitting the referral form:

1. We will contact you to confirm the referral was received.
2. We will contact the person responsible for approval/filling medications to confirm services/setup.
3. We will follow up with you after everything is set up. Thank you for the referral!