



SUBMIT A REFERRAL FOR

Care at Home

DME, Prosthetics, Home & Vehicle Modifications

Please fill out the form with as much case information as possible and fax it to (833) 442-3023 or email it to referrals@bismarckmed.com. If you'd prefer, you can talk to our referral team directly at (833) 442-3023 or submit a referral form online.

***REQUIRED**

CASE DETAILS

Referral instructions

Rush order Price quote

Service type*

DME & Medical Supplies Home & Vehicle Modifications Prosthetics & Orthotics

Description

Referring Party Information

First name*

Last name*

Phone*

Email*

Injured Party Information

First name*

Last name*

File/Claim number*

SSN or worker ID

Address*

City*

State*

Zip*

Home phone

Date of birth

Cell phone

Email

Gender

Female Male Unspecified

Height

Weight

What is the injured worker's current location?

Hospital / Facility Home Other

If applicable, hospital/facility name

Hospital/facility phone

Injury Information

Date of injury*

Surgery date

Diagnosis

Discharge date

Body part

Brief history of present injury and special instructions

Employer Information

Company name*

Contact name

Phone

Email

Treating Physician Information

First name

Last name

Email

NPI

Phone

Fax

Comments/Special Instructions