



Use this form to order the Reemo Health smartwatch for MSHO members under the MSHO supplemental benefit. All MSHO members are eligible for the smartwatch. The Reemo blood pressure cuff must be used in conjunction with a Reemo smartwatch and is available to MSHO members with a diagnosis of hypertension on file with UCare. **The item/service requested under the MSHO supplemental benefit does not count towards the member's Elderly Waiver budget.**

Incomplete, illegible or inaccurate forms will be returned to the care coordinator.

- This form can only be completed by a UCare care coordinator
- Email completed form for **new orders** to UCare@reemohealth.com
- For service termination contact support@reemohealth.com
- For order status questions contact wellness@ucare.org
- For process related questions contact msc\_msho\_clinicliaison@ucare.org
- For lost or stolen devices, members are limited to one replacement per device

**Member information**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

UCare Member ID: \_\_\_\_\_ DOB: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Order Date: \_\_\_\_\_

Member Email Address (Optional): \_\_\_\_\_

Shipping Address (PO boxes not allowed): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Require Signature Upon Delivery? Yes No

Emergency Contact: (First & Last Name): \_\_\_\_\_ Phone: \_\_\_\_\_

Intended use of watch: Activity Tracking Only Activity Tracking and PERS Blood Pressure Cuff

**Care Coordinator Information**

The Care Coordinator will receive an email invitation to view the member's data in the my.reemohealth.com portal.

Care Coordinator First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Delegate Organization: \_\_\_\_\_

For service termination contact Reemo at: support@reemohealth.com for device return instructions.

Provider Name: **REEMO Health** NPI: 1831720457 Phone: (877) 697-3366

The Reemo devices will ship within 10 business days of receipt of complete UCare/Reemo order form and will be delivered to the shipping address above. If order form has incomplete information, Reemo will send it back to the Care Coordinator within 7 business days to complete. The Reemo devices will be ready for use immediately. If you have any questions about the Reemo device functionality, please contact Reemo Health at: support@reemohealth.com