

Get Peace Of Mind
For The Whole
Family



Live Safely At Home With A Personal Emergency Response System

With a Personal Emergency Response System, get help at the touch of a button 24/7.
Reduce re-admissions. Give Caregivers peace-of-mind when someone is home alone.

Choose the right system for your needs:



IN-HOME SYSTEM (LANDLINE):

Works In And Around the Home
(Landline phone required)

Includes: 2-Way Voice Console, wearable button (wrist or pendant), hide-a-key lockbox. Fall Detection pendant available.

\$19.95 / Month Landline

\$24.95 / Month Cellular



SMART WATCH GPS:

Works Everywhere with GPS

Includes: Wearable 2-Way Voice GPS device, charging station, hide-a-key lockbox, AT&T Cellular Service (not connected to personal cell phone). Pedometer. Heart rate Monitor. Fall Detection Available.

\$34.95 / Month



ON-THE-GO CELLULAR GPS:

Works Everywhere with GPS

Includes: Wearable 2-Way Voice GPS device, charging station, hide-a-key lockbox, AT&T Cellular Service (not connected to personal cell phone). Fall Detection Available.

\$29.95 / Month

Call NOW 877-913-3680
www.MedicalCareAlert.com



MEDICAL CARE ALERT - NEW SUBSCRIBER FORM



3 Ways To Order: ❶ Fax or e-Mail this form; ❷ Call 877-913-3680; ❸ Order online.

SUBSCRIBER INFORMATION:

Subscriber / Participant Name: _____

Premises Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Premises Phone: _____

Phone Co. Provider: _____

Cell Phone: _____ Date of Birth: ____/____/____

IRIS Consulting Agency Contact (name, company, phone, email):

NOTE: System will be mailed to participant at the premises address above and is self-installed. Contact us if you need different arrangements.

BILLING: Choose Your Fiscal Employer Agent (FEA)

☐ iLife ☐ Premier ☐ Outreach ☐ GT Independence

Plan Start Date: _____ End Date: _____

EMERGENCY CONTACT 1:

Full Name: _____

Relationship: _____

Phone: _____ ☐ Cell ☐ Home ☐ Work

EMERGENCY CONTACT 2:

Full Name: _____

Relationship: _____

Phone: _____ ☐ Cell ☐ Home ☐ Work

(You can provide more emergency contacts later if needed.)

FORM COMPLETED BY (NAME & PHONE):

Name/Phone: _____

Choose your Medical Care Alert System

IN-HOME System <input type="checkbox"/>	Smart Watch System <input type="checkbox"/>	ON-THE-GO GPS System <input type="checkbox"/>
 <p>\$19.95 / Month</p> <p>Includes: 2-Way Voice Console, wearable button, hide-a-key lockbox.</p> <p><input type="checkbox"/> Add Fall Detection? Add \$10.00 / mo.</p> <p><input type="checkbox"/> Add Cellular (no home landline phone)? Add \$5.00 / month</p> <p><input type="checkbox"/> Add Extra Button? Add \$2.95 / mo.</p>	 <p>\$34.95 / Month</p> <p>Includes: Wearable 2-Way Voice GPS smartwatch, charging station, hide-a-key lockbox, tracking app for caregivers / family.</p> <p><input type="checkbox"/> Add Fall Detection? Add \$10.00 / month</p>	 <p>\$29.95 / Month</p> <p>Includes: Wearable 2-Way Voice GPS device, charging station, hide-a-key lockbox, tracking app for caregivers / family. Includes lanyard and belt clip</p> <p><input type="checkbox"/> Add Fall Detection? Add \$10.00 / month</p>

Include Free Lockbox: YES / NO

Lockbox Code (4 digits): _____

Location: _____

NOTES: _____

NEXT STEPS

To Order: ❶ FAX to 248-430-8110 or EMAIL to Provider@MedicalCareAlert.com or

❷ CALL 877-913-3680 or ❸ Order online <http://bit.ly/IRISPERS>