

SUBSCRIBER INFORMATION

Subscriber Name: _____

Premises Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Premises Phone: _____

Phone Co. Provider: _____

Cell Phone: _____

Ship To Same? YES / NO

Bill To Same? YES / NO

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: _____

IN-HOME SYSTEM (LANDLINE): \$29.95 MO.

Includes: 2-Way Voice Console, wearable button, lockbox

Fall Detection: + \$10.00 / Mo.

Additional buttons: + \$2.95 / Mo. Each

Cellular Connection (if no landline): +\$5.00 / Mo.



ON-THE-GO CELLULAR GPS: \$39.95 MO.

Includes: Wearable 2-Way Voice GPS device, charging station, lockbox, AT&T Cellular (independent of personal cell phone)

Fall Detection Enabled: +\$10.00 / Mo.



Include Free Lockbox: YES/NO **Lockbox Code (4 digits):** _____ **Location** _____ **TOTAL \$** _____

NOTES: _____

PAYMENT INFORMATION

Name on Card or Check: _____ Billing Address: _____

Credit Card: MC Visa Amex Disc. Card No. _____ CVV: _____ Exp. ____/____

Check: Bank Name: _____ Routing No. (9 Digits): _____ Acct. No.: _____

Auto No-Fault Ins. Co. Name/Phone: _____ Policy No.: _____ Claim No.: _____

NOTE: For Auto No-Fault please fax / email this form, PCP Authorization and other supporting documentation to the number below.

NEXT STEPS

- Please FAX to 248-213-9778 or scan and email to Provider@MedicalCareAlert.com
- **Questions? Call 1-877-913-3680 For Customer Service.**