



SUPPLIES ORDER FORM

| | |
|---|---------------------------------------|
| Date of Request: ____/____/____ | Agent ID#: _____ |
| Agent First Name: _____ | Agent Last Name: _____ |
| Agent Business Phone: () ____ - _____ | Agent Call Phone: () ____ - _____ |
| Agent Email Address: _____ | |
| Agent Shipping Information | |
| Address – Line 1: | |
| Address – Line 2: | |
| City: | |
| State: | |
| Zip Code: | |
| Select Local Health Plan (<i>check one</i>): | |
| <input type="checkbox"/> Bridgeway Health Solutions Medicare Advantage - AZ | |
| <input type="checkbox"/> Buckeye Health Plan Medicare Advantage - OH | |
| <input type="checkbox"/> Peach State Health Plan Medicare Advantage - GA | |
| <input type="checkbox"/> MHS Wisconsin Medicare Advantage - WI | |
| <input type="checkbox"/> Sunshine Health Medicare Advantage – FL | |
| <input type="checkbox"/> Superior Health Plan Medicare Advantage - TX | |
| <input type="checkbox"/> Trillium - OR | |
| <input type="checkbox"/> Magnolia Health Medicare Advantage - MS | |



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Materials Requested:

| | English <i>(list quantity)</i> | Spanish <i>(list quantity)</i> |
|---|--------------------------------|--------------------------------|
| Benefits at a Glance (BAAG) Flyer | | |
| Bifold | | |
| Decision Marking Tool (DMT) Form | | |
| Enrollment Guide | | |
| Formulary/Directory | | |
| New Member Medical Care Checklist (NMMC) Envelope | | |
| New Member Medical Care Checklist (NMMC) Form | | |
| Over the Counter (OTC) Form | | |
| Summary of Benefits (SB) | | |
| Sales Presentation Flipchart | | |
| Trifold | | |

Instructions: Scan/Email completed form to your local health plan Sales Coordinator or Regional Sales Manager.