



Medicare Advantage

BATHROOM SAFETY DEVICES ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on Health ID card):		Date of Birth:	
First Name:		Last Name:	
Address:			Apt. #:
City:		State:	Zip Code:
Phone:	Email (optional):		

STEP 2 - PRODUCT SELECTION

Cash, checks, credit cards or money orders are not accepted under this bathroom safety devices benefit.

	ITEM #	PRODUCT NAME	QUANTITY
1			
2			

STEP 3 - MAIL COMPLETED FORM

Mail this completed form to the following address:

NationsOTC
8930 West State Rd. 84
Suite 187
Davie, FL 33324

If you have any questions or need assistance placing your order, please call us at 1-844-479-6334 (TTY: 711). Member Experience Advisors are available Monday - Friday, 8 am - 8 pm, ET. Language support services are available if needed.

I understand that the phone numbers and/or emails I provided on this form may be used by the health plan or any of its contracted parties to contact me about my account, my health benefit plan or related programs, or services provided to me.