

Over-the-Counter (OTC) Items 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
Phone:		Email (optional):	

STEP 2—PRODUCT SELECTION			
Cash, checks, credit cards or money orders are not accepted under this OTC benefit.			
ITEM #	PRODUCT NAME	QUANTITY	PRICE
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL ORDER			\$

STEP 2—PRODUCT SELECTION (CONTINUED)

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.

ITEM #	PRODUCT NAME	QUANTITY	PRICE
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL ORDER			\$

STEP 3—MAIL COMPLETED FORM

Mail this completed form to the following address:

NationsOTC
 1801 NW 66th Avenue
 Suite 100
 Plantation, FL 33313

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 24 hours per day, 7 days per week, 365 days per year. 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.

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