Over-the-Counter Essentials Order Form



Fill out each section of the order form completely and mail in the envelope provided.

If you use your own envelope, you will need to apply the correct amount of postage and mail the order form to FirstLine Medical at P.O. Box 268630, Weston, FL 33326-9866.

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Member ID #			
(See front of health insurance card.)			
Member Name			
Shipping Address 1			
Shipping Address 2 (Apt./Room#/Facility Name)			
City	State	ZIP Code	
Responsible Party (if applicable)			

)

Daytime Phone of Member or Responsible Party (_____

Item #	Size	Color	Product Descripti	on	Quantity	Price	TOTAL
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
						\$	\$
Order total m	ust be at	least \$30	in Benefit Credits.	\$0 — Shi	pping, har	dling and	taxes

Order total must be at least \$30 in Benefit Credits. Items may only be purchased for plan members.

TOTAL



Thank you for your order!

\$

How many credits will I receive?

Credits Available in:	Number of Orders per Quarter:	Benefit Credit Amount:	Benefit Credits Expire:
Quarter 1 — January	1	\$50	3/31/2016
Quarter 2 — April	1	\$50	6/30/2016
Quarter 3 — July	1	\$50	9/30/2016
Quarter 4 – October	1	\$50	12/31/2016

Ordering is easy

Online: Go to www.OTC-Essentials.com

Please note:

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- You cannot apply future credits to your order.
- If you want to place an order for more than your available credits, please enclose a personal check or money order made out to FirstLine Medical for the extra amount.
- Once the order is received, please allow up to 10 business days for items to arrive.
- Credits are redeemed based on the quarter the order is received.

Exchange Policy: If you receive a damaged item, please contact FirstLine Medical immediately at FirstLine_Medical@uhc.com. The item will be exchanged for an identical item at no cost to you. <u>Please note: only damaged products can be exchanged within 30 days of purchase, no other returns are allowed.</u>

If your item is not in stock, an item of similar or greater value may be substituted in your order.

FirstLine Medical is the supplier of all products within this mailing. UnitedHealthcare Insurance Company manages FirstLine Medical through its affiliate OptumRx.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract renewal with Medicare.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, co-payments, and restrictions may apply. Benefits, premium and/or co-payments/co-insurance may change on January 1 of each year.

Y0066_160405_122530 Accepted

Mail: Fill out the Order Form and mail to FirstLine Medical at P.O. Box 268630, Weston, FL 33326-9866. Mail orders must be postmarked by March 31, June 30, September 30 and December 31 of each year.