



2020 OVER-THE-COUNTER PRODUCT ORDER FORM

STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on plan member ID card)

Date of Birth / /

First Name

Last Name and Suffix

MI

Street Number

Street Name

Apt/Suite #

City

State

Zip Code -

Daytime Phone - -

Email (Optional) @

Please check box if this is a new address

STEP 2 - PRODUCT SELECTION

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.
 Reminder: you can submit one order per quarter which needs to be less than or equal to \$30.

Item #	Product	Quantity	Unit Price	TOTAL
1	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>
2	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>
3	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>
4	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>
5	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>	\$ <input type="text"/> <input type="text"/> . <input type="text"/>

Please mail this completed form to the following address:
 OTC Servicing Center, PO Box 526266
 Miami, FL 33152-9819

Subtotal from Other Side \$.

Total Order \$.

Please mail the completed form back in the postage-paid envelope provided.

If you place your order using an order form, your order total will be applied to the month in which we receive your form. For example, if you mail your order form on June 29, but we receive it on July 1, your order total will be applied to your July benefit, not your June benefit.

Some items in this catalog are considered dual purpose and have been marked with a ‡. These items do not require a prescription, but should only be ordered after discussing the item(s) with your physician who recommended the item(s) for a specific condition or health care need. **By adding these items to your order, you are attesting that you have discussed the use of these items with your primary care physician and other doctors as appropriate.**

STEP 2 - PRODUCT SELECTION (Continued)

Cash, checks, credit cards or money orders are not accepted under this OTC benefit.
 Reminder: you can submit one order per quarter which needs to be less than or equal to \$30.

Item #	Product	Quantity	Unit Price	TOTAL
6	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
7	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
8	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
9	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
10	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
11	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
12	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
13	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
14	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
15	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
16	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
17	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
18	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
19	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
20	<input type="text"/>	<input type="text"/>	\$ <input type="text"/> . <input type="text"/>	\$ <input type="text"/> . <input type="text"/>
Subtotal				\$ <input type="text"/> . <input type="text"/>

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