

Please mail this completed form to the following address:  
**OTC Health Solutions**  
**9675 NW 117th Avenue, Suite 202**  
**Miami, FL 33178**

Questions? Call OTCHS at 1-888-628-2770,  
 Monday - Friday from 7 a.m. to 6 p.m. MST.

**STEP 1 - COMPLETE YOUR INFORMATION BELOW**

Member ID (found on member ID card)

Date of Birth   /   /

First Name

Last Name

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.

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"/> . <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"/> . <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"/> . <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"/> . <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"/> . <input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Subtotal from Other Side \$    .

Total Order \$    .

To order additional products, please see reverse.

For additional order forms, please call OTCHS at 1-888-628-2770.

Please do NOT include any payment.

This benefit is provided at no cost to you from Blue Cross of Idaho Care Plus plan.

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 29th, but we receive it on July 1st, your order total will be applied to your July benefit, not your June benefit.

## STEP 2 - PRODUCT SELECTION (Continued)

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

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** \$  .

For additional order forms, please call OTCHS at 1-888-628-2770.

Please do NOT include any payment.

This benefit is provided at no cost to you from Blue Cross of Idaho Care Plus plan.

**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 29th, but we receive it on July 1st, your order total will be applied to your July benefit, not your June benefit.**

Blue Cross of Idaho Care Plus, Inc. is an HMO D-SNP health plan with Medicare and Idaho Medicaid contracts. Enrollment in Blue Cross of Idaho Care Plus depends on contract renewal. On behalf of Blue Cross of Idaho Care Plus, Inc., CVS Pharmacy, Inc. d/b/a OTC Health Solutions, an independent company, administers the over-the-counter program to True Blue Special Needs Plan (HMO D-SNP) members. ©2019 An independent licensee of the Blue Cross and Blue Shield Association, with services provided by Blue Cross of Idaho.

Blue Cross of Idaho Care Plus complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

**ATTENTION:** If you speak Arabic, Chinese, French, German, Korean, Japanese, Persian (Farsi), Romanian, Russian, Serbo-Croatian, Spanish, Sudanese Fulfulde, Tagalog, Ukrainian, or Vietnamese, language assistance services, free of charge, are available to you. Call 1-888-494-2583 (TTY: 1-800-377-1363). **Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-494-2583 (TTY: 1-800-377-1363)。

**Spanish:** ATENCION: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-494-2583 (TTY: 1-800-377-1363).