

Welcome to OTC Online ordering made easy

OTC Mail Program - The Easy Way To Get Your Medications

It's as easy as 1, 2, 3...



Log-in to order online



We process your order



We at Freedom Health value your membership and are always working towards providing superior services.

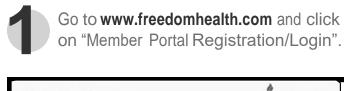
We are pleased to announce that you can now place your monthly OTC & Diabetic orders through our website. From Member Portal you can now:

- Place a new order
- Track status of your order(s)
- Review history of your order(s)
- Repeat previous order

Placing and managing your orders online is quick and easy. Just follow the simple steps described inside to place your order.

OTC ordering made easy

The Member Portal is the central destination for all information related to your health, benefits, providers, claims and medication. OTC is part of the Member Portal, hence you have to register on the Member Portal.



Member Portal	FREEDOM
Need Assistance? Toll free: 1-800-401-2740 TTV/TDD: 771 8am to 8pm 7 days a week Oct. 1, 2014 to Fel 8am to 8pm Mon. through Fr. Ifrom Fe. 1.5, 2 8am to 8pm 7 days a week Oct. 1, 2015 to Fel	015 to Sep. 30, 2015
Sign in to Member Portal	First Time Users
Email:	Please create a user name and password.
Password:	You will need your Member ID Number from your ID Card and Medicare last 4 characters from your Medicare Card.
	New User Sign UP Now
Forgot Password Click here for Privacy Policy	
	FAQ
Secure Log In	Help Manual
	Heip Manual
	For Internet Explorer 11 users: If you are unable to register or click on any of the above buttons, please add this site to your browser's compatibility yew. To do this go to the 'Tools' menu of your browser, then select 'Compatibility View Settings', and then add this site by clicking on the 'Add' button.





If you need help registering on Member Portal, please click on 'New User Sign up'. For detailed instructions, please click on Help Manual.

If you are a registered user on Member Portal, log into User ID and Password.



Once you are logged into Member Portal, please click on 'Over The Counter/Diabetic Supplies' menu option.



xcement	Delivery Order Status	lember Portal		TC Help	
		//////			
		ment - Member		_	
Number DO-14-198655 is Pending for this Mer	nber ID#: X00000000000				
Member ID' PICOCOCCOCC 3	PBP ID X000000X	Plan Name VIP Care (MO SNP)		
First Name John		D08 01/01/1900 Phone	505-005-0005		
Last Name Doe	and the second sec	Cel Phone	Business Phone		
		Physician Certificate Exp Date	6/15/2014		1
Type of Mater Meter Name		PCP Approved Testing Frequency	XX Strip Exhaust	Date 09/20/2013	
Please select ite	mNo or Product Name and Select	required quantity.			
Order Month December 2014	Order Date 12/25/2014	C Select to Place Next N	onth Order Beriev	and Repeat Previ	ious Order
Plan Limit \$18.00		Available Limit	8.00 Y	iew Current Mont	h Order(s)
				List of Avai	lable Items
Remove Medicine Group Item No	Product Name	Descriptio	5 Order	10000	Drug Type



On the 'Order Placement - Member' Page, select the Product Name from the drop down option. Item Number, Medicine Group, Description and Drug type will be automatically displayed. Select Order quantity and click Submit button.

The Easy Way To Get Your Medications

Diabetic Profil	e		
Question		Response	
OUR CURRENT PRIMARY CARE PHYSICIAN NAME IS	John Doe Sr		
VHO IS TREATING DIABETIC CURRENTLY? *	PCP	*	
OUR PRIMARY CARE PHYSICIAN PHONE NO IS	888-888-8888	*	
OUR PRIMARY CARE PHYSICIAN FAX NO IS	888-888-8888	<u>*</u>	
OUR PRIMARY CARE PHYSICIAN ADDRESS1 IS	Address 1	~	
OUR PRIMARY CARE PHYSICIAN ADDRESS2 IS	Address 2	*	
YOUR PRIMARY CARE PHYSICIAN CITY IS	City	A	
OUR PRIMARY CARE PHYSICIAN STATE IS	State	*	
YOUR PRIMARY CARE PHYSICIAN ZIPCODE IS	33333	<u>*</u>	
RE THE ABOVE PHYSICIAN DETAILS CORRECT? *	Select	*	
IOW MANY TIMES A DAY DO YOU TEST YOUR BLOOD SUGAR? *	2X	•	
YPE OF DIABETIC TESTING MACHINE YOU CURRENTLY USE	Machine Name		
IOW LONG YOU HAVE BEEN USING THIS MACHINE *	Select		
IOW SOON YOU WILL BE OUT OF DIABETIC SUPPLY *	-Select-		

If you are ordering a Diabetic medication, you will be prompted to answer a few questions regarding your primary care physician and your health.



You will be asked to confirm or modify your shipping address.

	Address Confirmation	
	Member ID Prococococci	
First Name John	Last Name Doe	
Current Primary Address	Current Shipping Address	
Address 1 Address 1	Address 1 * Address 1	*
Address2 #	Address2	
City* City	City * City	
State * FL 🐷 Zip Code * 33614	State * FL 👿 Zip Code * 33614	
ontact Phone Numbers		
Home Phone 555-555-5555		
usiness Phone		
Cell Phone		
above permanent address is not correct please call 1-866-900-2688 during regular bu quest customer service representative to change address	siness hours and C C Yes No	ss Correct?



Once confirmed, your order number will be displayed. Please allow 8 to 10 business days for delivery of your order.

ry Order Status				Aember ID \$10000000000			
First Name	John	10	1988	Last Name Doe	-	-	
Shipping Address	Address D	etails	N N	Plan Limit \$18.00	1 al an	Order Valu	e \$0.00
Medicine Group	Item.No	Product Name		Description	Quantity	UOM	Drug Type
DIABET	D12	FORA STRIPS	FORA STRIPS		2	PACK	DIABET
OTHERS	100	FREEDOM FLYER	FREEDOM FLYER		1	1	OTC