Over-the-Counter Order Form









☐ Imperial Senio	or Value (HMO C-SNP) 005: \$120 a	allowance every quarter	r				
☐ Imperial Tradi	tional (HMO) 007: \$120 allowance	every quarter					
Imperial Traditional Plus (HMO) 009: \$120 allowance every quarter SAMPLE							
Imperial Dual Plan (HMO D-SNP) 011: \$120 allowance every quarter							
☐ Imperial Dyna	mic Plan (HMO) 012: \$120 allowar	nce every quarter					
Please complete the	e form below with the items you	wish to order.					
Member Name		Member ID#		D	Date of Birth		
Shipping Address		City	St	ate	Z	Zip Code	
	(Circle one; can be up to two month May Jun Jul Aug Sep Oct Nov D						
Signature		Date	Pł	none			
SKU	Product	Name		Price	Quar	ntity	Total Price
Example: 3139002	Tylenol Extra Strength 500mg Caple	ts 24ct		\$6.16	2		\$12.32
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							1
							ı
				Order Total			