

# ORDER FORM



## STEP 1 - COMPLETE YOUR INFORMATION BELOW

Member ID (found on your member ID card)

Date of Birth

First Name

Last Name and Suffix

MI

Street Number

Street Name

Apt/Suite #

City

State

Zip Code

Email\* (Optional)

Daytime Phone

\*By providing your email address/mobile phone number to us, you consent that we may send communication to you via email/text. Mobile service provider's message and data rates may apply.

Mobile Phone\* (Optional)

## STEP 2 - PAYMENT INFORMATION (if applicable)

For orders that exceed your benefit amount, you may use MasterCard, Visa, Discover or American Express to pay the difference or purchase additional items. Sales tax for these items will apply.

**Note:** cash, checks, and money orders are not accepted under this OTC benefit.

**Credit or Debit Card #** \_\_\_\_\_

**Expiration Date (MM/YY)** \_\_\_\_\_

**Cardholder First Name** \_\_\_\_\_ **Cardholder Last Name** \_\_\_\_\_

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

**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.**

**STEP 3 - PRODUCT SELECTION**

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"/>
2	<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"/>
4	<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"/>
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"/>
<b>Total \$</b>				<input type="text"/> . <input type="text"/>

If you need additional order forms, you can print them from your member portal at [login.networkhealth.com](http://login.networkhealth.com). If you'd like forms sent to your home, call the Network Health member experience team at the number located on the back of your member ID card.

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