2026 Over-the-Counter (OTC) product

ORDER FORM



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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			\$		\$
2			\$		\$
3			\$		\$
4			\$		\$
5			\$		\$
6			\$		\$
7			\$		\$
8			.		\$
9			.		\$
10			\$		\$
11			\$		\$
12			\$		\$
13			\$		\$.
14			\$		\$.
15			\$		\$.
				Total	\$

If you need additional order forms, you can print them from your member portal at 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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