

Request for Supplies Form



To: Distribution Services
 Priority Health
 1231 E Beltline Ave NE
 Grand Rapids MI 49525

From: _____
 Attention _____

Company Name _____

Street Address _____

City, State, Zip _____

Please send the following supplies:

Quantity

	Enrollment Forms	PH602
	Member Deductible Credit Request	PH970
	Membership Record/Change Form	PH005
	Open Enrollment kits (includes Preventive Care Guidelines)	
	– HSA packet with FAQ enrollment information	MH003
	– with Rx mail order packet & FAQ	MH004
	– with enrollment form, Rx mail order packet & FAQ	MH005
	– FAQ, no enrollment form or Rx mail order packet	MH006
	– with enrollment form & FAQ, no Rx mail order packet	MH007
	Priority Health plain green folder	PH140
	Request for Supplies Form	
	Summary of Benefits - please include your group number _____	
	Rx Mail Order form	PH500

*Please mail to the above address or fax to **616 942-0145**. Thank you!*