




# Prenatal Vitamin Ordering Form

MHS members are eligible for a three (3) month supply of prenatal vitamins at no cost. To order prenatal vitamins for a member of our health plan, simply follow the steps below. Please use black ink to complete this form.

 For any questions regarding this form or our pregnancy program, please call 1-877-647-4848.

## Step 1:

 Complete the information below. Please use black ink and ensure the member's mailing address is accurate.

### Member Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Health Plan Member ID Number \_\_\_\_\_ Date of Birth \_\_\_\_\_ EDC: \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

### Provider Information

Name \_\_\_\_\_ Provider T.I.N./N.P.I. Number \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



Member Name \_\_\_\_\_ Date \_\_\_\_\_


**Prenatal Plus Disp: #100 No refills**

Ship prenatal vitamins to (please choose one):  Provider Office  Member

\_\_\_\_\_  
Physician signature / Dispense as written

\_\_\_\_\_  
DEA#

## Step 2:

 Fax this form to 1-877-396-5970.

Vitamins will be delivered in three (3) calendar weeks.

*For internal use only.*

**Completed by** \_\_\_\_\_ **Date** \_\_\_\_\_