



ORDER FORM FOR 2019

Fax to 866-891-2422 or email to broker@molinahealthcare.com
 If you have questions call Tricia or Ronda at: 866-440-9788.

AGENT/AGENCY WRITING # _____

Name: _____

Shipping Address _____

Phone # _____

**ALL ORDERS WILL TAKE 7-10 BUSINESS
 DAYS ONCE THE ORDER HAS BEEN PLACED**

ENROLLMENT KITS							
Please mark the Quantity next to the State, Plan Type and Language you would like to order in the section below							
Quantity	State	MMOP	MAPD	Healthy Advantage	Advantage Plus	English	Spanish
	CA	H5810-001					
	FL	H8130-001					
	ID		H5628-009				
	ID		H5628-010				
	MI	H5926-001					
	NM	H9082-007					
	TX	H7678-001					
	UT	H5628-001					
	UT			H5628-006			
	UT				H5628-007		
	WA	H5823-006					
	WI	H2879-001					

Provider/Pharmacy Directory and Formulary			
Please enter the Quantity, State and which directory you would like to order in the section below			
Quantity	State	Provider/ Pharmacy	Formulary

Two card Flyers, Banners and Posters Available for UT MMOP only			
We are able to customize <u>Flyers, Banners or Posters</u> - include the name and phone number you would like displayed in the "Special Request" section below.			
Quantity	Two Card	Two Card Poster	Two Card Banner

BAAGS , FLYERS and BROCHURES		
To customize the <u>BAAGS or Broker flyers without events</u> to include your name and phone number. Please provide the information in the "Special Request" section below with the information.		
Quantity	State	
		Broker Flyers without events Minimum order of 100
		Benefits At a Glance (BAAGS) Minimum order of 100
		Tri-fold benefit brochures
		Lead Cards English 50 cards per pad
		Lead Cards Spanish 50 cards per pad
		Molina OTC Sales sheet Utah Healthy Advantage Plus
		Molina OTC Sales sheet Generic

Special Request:
 Agent/Agency Name: _____

Phone Number: _____