2024 Over-the-Counter (OTC) Product

ORDER FORM

Priority Health™

STEP 1 - COMPLETE YOUR INFORMATION BELOW

PriorityFlex Card

Member ID (found on plan 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

Mobile Phone* (Optional)

*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.

STEP 2 - PAYMENT INFORMATION (if applicable)

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

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 allowance, not your June allowance.

STEP 3 - PRODUCT SELECTION

	Item #	Product	Quantity	Unit Price	TOTAL
4				$.	$.
5				$.	$.
6				$.	$.
7				$.	$.
8				$.	$.
9				$.	$.
10				$.	$.
11				$.	$.
12				$.	$.
13				$.	$.
14				$.	$.
15				$.	$.
16				$.	$.
17				$.	$.
18				$.	$.
				Total	$.

A new order form will be provided with your shipment and additional forms can be printed at priorityhealth.com/otc.

Please mail the completed form back in the postage-paid envelope provided.

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 allowance, not your June allowance.