

**MOUNTAIN STATE
BLUE CROSS BLUE SHIELD**

**REQUEST FOR SUPPLIES
(When ordering, please keep in mind group size)
Fax this form to 304-424-9890 Attn: Membership**

Please send the following supplies to:

ATTN: _____

GROUP NAME: _____

GROUP ADDRESS: _____

GROUP NUMBER: _____

ENROLLMENT/CHANGE FORMS

Amount Requested _____

PROVIDER DIRECTORIES

Amount Requested _____

PRECERT PAMPHLETS

Amount Requested _____

DENTAL CLAIM FORMS

Amount Requested _____

COLE VISION INFORMATION

Amount Requested _____

PRECERT WALLET CARDS

Amount Requested _____

CLAIMS ENVELOPES

Amount Requested _____

PHARMACY DIRECTORIES

Amount Requested _____

CASE MANAGEMENT PAMPHLETS

Amount Requested _____

VISION CLAIM FORMS

Amount Requested _____

BLUECARD PPO PAMPHLETS

Amount Requested _____

BENEFIT BOOKLETS

Amount Requested _____

DATE MATERIAL MAILED TO GROUP _____

MATERIAL MAILED BY _____