

Order Form

Medicare Prescription Drug Coverage outreach material for service providers



Please indicate the desired quantities in the boxes at the left – for shrink-wrapped materials, your requested quantity should reflect the number of packages, not the number of individual brochures, reply cards, reminder stickers or pocket trackers. Once you have completely filled out this form, please fax it to 517-886-1305 or log on to www.mymmap.org/order to order online.

FAX: 517.886.1305

WEB: www.mymmap.org/order

Service provider brochure (*inform, educate, refer*)

Service provider brochures can be ordered individually.

Service provider fact sheet

Service provider fact sheets can be ordered individually.

Medicare Prescription Drug Coverage brochure (*apply, compare, join*)

Medicare Prescription Drug Coverage brochures are shrink-wrapped in packages of 25 brochures.

Brochure display stand (15" high by 11" wide)

Brochure display stands can be ordered individually.

Medicare Prescription Drug Coverage poster (*be covered*)

Medicare Prescription Drug Coverage posters can be ordered individually – they come with reply cards attached.

Medicare Prescription Drug Coverage reply cards

Reply cards (contact request cards) are identical to the reply cards on the posters, and are shrink-wrapped in packages of 25 cards.

Reminder stickers (pharmacies only)

Reminder stickers are shrink-wrapped in packages of 25 sheets, with each sheet containing nine sets of stickers.

Pocket number tracker

Pocket number trackers are shrink-wrapped in packages of 50 trackers.

These materials are provided at no cost to you, but quantities are limited so please order today.

Your contact information (all fields must be filled out)

Name: _____

Company: _____

Address: _____

City: _____ State: MI Zip: _____

Phone: _____ Fax: _____

Email: _____