

2012 EmblemHealth Product Order Form

Name _____
 Company _____
 Address _____
 City/State _____
 Phone _____

Ordering Instructions: Select the quantity and language in the space provided.
All orders are sent within 48 hours after signed approval by the Director.

Item #	Description	Language & Quantity
Summary of Benefits		
864951 12	EmblemHealth HMO – NYC	ENG ____ SP ____ CH ____
867230 12	EmblemHealth PPO – NYC	ENG ____ SP ____ CH ____
865943 12	EmblemHealth HMO – Non NYC (All Others)	ENG ____ SP ____ CH ____
867634 12	EmblemHealth PPO – Non NYC (All Others)	ENG ____ SP ____ CH ____
865943 12	EmblemHealth HMO – Dual MA (NYC/Suburbs)	ENG ____ SP ____ CH ____
867479 12	EmblemHealth PPO – Any Dual (NYC/Suburbs)	ENG ____ SP ____ CH ____
Formulary		
869018 12	PPO/HMO PDP Formulary	
Brochures (Leave Behinds)		
866795	NYC	ENG ____ SP ____ CH ____
866796	Non NYC (All Others)	ENG ____ SP ____ CH ____
Flyer: Below list contact information as it will appear on the flyer (flyer is in English only)		
Name:		Quantity:
Contact Number:		
Applications (only)		
864805 12	HMO/PPO MAPD Application (English only)	Quantity:

Item	Description	Quantity
Provider Directories		
Brooklyn	PPO ____ HMO ____	
Queens	PPO ____ HMO ____	
Manhattan	PPO ____ HMO ____	
Richmond / Staten Island	PPO ____ HMO ____	
Bronx	PPO ____ HMO ____	
Westchester	PPO ____ HMO ____	
Nassau	PPO ____ HMO ____	
Suffolk	PPO ____ HMO ____	
Rockland	PPO ____	
Promotional Items		
	Emblem Health Bags	
	Badge Holders	
	Pill Box	
	Pens	
	Stress Ball	

Any questions regarding your order contact: **Colleen Norman, Sales Coordinator**
 Tele: **646-447-6319**, Fax: **877-849-2028**, Email: **cnorman@emblemhealth.com**

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Item #	Description	Language & Quantity
Sales Kits		
EmblemHealth HMO (VIP ,VIP Essential, VIP High Option)		
EmblemHealth PPO (PPO I, PPO II, PPO III, PPO High Option)		
856309 12	EmblemHealth HMO/PPO - NYC	ENG ___SP ___CH___
856307 12	EmblemHealth HMO/PPO - Non NYC (All Others)	ENG ___SP ___CH___
856310 12	EmblemHealth Dual HMO/PPO - NYC/Suburbs	ENG ___SP ___CH___
856062 12	EmblemHealth Dual HMO/PPO - LI	ENG ___SP ___CH___

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