



Molina HealthCare Medicare Materials Order Form 2021

Fax to 866-891-2422 or email to: Broker@MolinaHealthcare.com
All orders take 7-10 business days once the order has been placed

Agent NPN# _____
Name: _____ Agency Name: _____
Shipping Address (No PO Boxes): _____

ENROLLMENT KITS

State	Molina Medicare Complete care (D-SNP)	Molina Medicare Choice Care (MAPD)	English (Quantity)	Spanish (Quantity)
CA	H5810-001			
CA	H5810-013 (Imperial)			
FL	H8130-001			
ID		H5628-009 (Ada Canyon)		
ID		H5628-010 (Twin Falls)		
ID	H5628-008			
MI	H5926-001			
MI	H5926-004			
NM		H9082-009		
OH	H9955-001			
SC	H8176-001			
TX	H7678-001			
UT	H5628-001			
UT		H5628-007		
WA	H5823-006			
WI	H2879-001			

MMP MATERIALS - SUMMARY OF BENEFITS

State	English (Quantity)	Spanish (Quantity)
SC		

MARKETING MATERIALS

State	Item	Plan ID	English (Quantity)	Spanish (Quantity)
	Plan Overview Guide			
	Event Flyers without Events			
	Tri-fold Benefit Brochures			
	Lead Cards (50 cards per pad)			
	Flyers with Events			
	Dental Flyer			
	OTC Flyer			
	Vision Flyer			
	Transportation Flyer			
	Thank you Cards			
	Birthday Cards			
	Posters w/pull tabs			
	Banners (6ft)			
	Banners (Tabletop)			

Information as you would like it to appear on editable marketing materials.

Name: _____

Phone Number: _____

License # _____

Additional Notes:
