

2017 ECHP Materials Request Form

Please submit ALL requests to ECMEDICARESALES@WELLCARE.COM



Request Date:	Phone Number:
Agent Name:	Agent Producer ID #:
Contact Name:	Email:
Shipping Address:	FMO/Upline:

<u>Product</u>	<u>Quantity</u>	<u>Language (circle)</u>
Best Plan (HMO)	MAX LIMIT OF 25	
<input type="checkbox"/> 005 Los Angeles/Orange County		C E S K V
<input type="checkbox"/> 016 San Bernardino/Riverside		C E S K V
Plus Plan (HMO "Mirrored Plan")	MAX LIMIT OF 25	
<input type="checkbox"/> 002 Orange/San Bernardino/Riverside		C E S K V
<input type="checkbox"/> 017 Los Angeles		C E S K V
2017 Supportive Materials	MAX LIMIT OF 25	
<input type="checkbox"/> 2017 Presentation Flip Chart		C E S K V
<input type="checkbox"/> Formulary (Best 005)		C E S K V
<input type="checkbox"/> Formulary (Best 016)		C E S K V
<input type="checkbox"/> Formulary (Plus 002, Plus 017)		C E S K V
<input type="checkbox"/> 2017 Benefit Highlights (ALL Plus Plans)		C E S K V
<input type="checkbox"/> Provider Directory (Los Angeles)		C E S K V
<input type="checkbox"/> Provider Directory (Los Angeles, South Bay, Whittier)		C E S K V
<input type="checkbox"/> Provider Directory (Orange County)		C E S K V
<input type="checkbox"/> Provider Directory (Riverside, San Bernardino)		C E S K V
<input type="checkbox"/> OTC Catalog		C E S K V
<input type="checkbox"/> Benefit Basic Brochures w/BRC		C E S K V
<input type="checkbox"/> Benefit Overviews - All Plans/Counties		C E S K V

*All orders are subject to review and approval based on quantity and inventory. Material orders are processed within **24-72 hours once received**. UPS Tracking Number will be provided via email once order is complete and shipped.

2017 Sales Kit Includes= Enrollment Application/ Scope of Appointment/ Enrollment Resource Guide/Quick Start Resource Guide/Benefit Overview/More for Your MedicareTBD