

MATERIALS REQUEST FORM



To order, mail or fax this form to: Prescription Advantage
P. O. Box 15153
Worcester, MA 01615-0153
Fax: 508-793-1133

Organization _____

Name _____ Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Materials needed (please specify quantity)

Applications

_____ English

Rate Schedule Guides

_____ English

Please note: If you need assistance with any of these documents in any other language, please call our customer service line at 800-243-4636 for translation assistance.

General comments or planned distribution (routine education, special event, etc.)

To check on an existing order, please fax questions to 508-793-1133 and a Prescription Advantage Representative will contact you.

Prescription Advantage is administered by the Massachusetts Executive Office of Elder Affairs

1-800-243-4636 ■ TTY for the deaf and hard of hearing at 1-877-610-0241