



2020 Order Form

ENROLLMENT MATERIALS FOR BROKERS

Please complete and return this form to **Medicare Broker Services:**

Email: medicarebrokerservices@centene.com **FAX:** 800-309-5095 **Phone:** 844-202-6811



- Limit of **50** per each kit or materials.
- Orders **cannot** be shipped to P.O. Boxes.
- Allow 7 business days for orders to ship.
- Materials are packed up to 30 kits per box. Boxes will not exceed 25 lbs.

Requestor information

Name _____ Broker ID/NPN _____

Address _____

City _____ State _____ ZIP _____

Email _____ Phone _____

Send confirmation email to: Same as listed above Other 1 _____

Other 2 _____ Other 3 _____

<input type="checkbox"/> Residence
<input type="checkbox"/> Business
<input type="checkbox"/> Storage facility

Shipping/
storage
instructions

Nevada plan kit	Qty.
Allwell Medicare (HMO)	
H6446-001 (NVMA202137E)	

Geo code directory ¹	ZIP 1	ZIP 2	ZIP 3	Qty.

¹ Limit of 75 per each directory

Nevada forms/bulk materials ²	ENG	SPN
Extra Benefits (H6446 001 HMO MAPD)		
Op Sup Flyer (H6446 001 HMO MAPD)		
Pre Enrollment Checklist		
Long enrollment form		
Op Sup Form		
Directory Flyer		N/A
Transition of Care		

² Limit of 50 per each material

Nevada plans	Counties
Allwell Medicare (HMO)	
H6446-001	Clark, Nye