



# 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:** 866-459-1212



- Limit of 25 per each kit.
- 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

Arizona plan kit	Qty.
<b>Allwell Medicare (HMO)</b>	
H0351-044-001 (AZMA201936E)	
H0351-044-001 (AZMA202070S   Spanish)	
H0351-044-002 (AZMA201937E)	
H0351-044-002 (AZMA202071S   Spanish)	
H5590-004 (AZMA201940E)	
H5590-004 (AZMA202074S   Spanish)	
<b>Allwell Medicare Essentials (HMO)</b>	
H5590-005 (AZMA201941E)	
H5590-005 (AZMA202075S   Spanish)	
<b>Allwell Medicare Essentials I (HMO)</b>	
H5590-007 (AZMA201942E)	

Arizona plan kit (continued)	Qty.
<b>Allwell Medicare Essentials II (HMO)</b>	
H0351-050 (AZMA201938E)	
H0351-050 (AZMA202072S   Spanish)	
<b>Allwell Medicare Essentials II (HMO)</b>	
H0351-050 (AZMA201938E)	
H0351-050 (AZMA202072S   Spanish)	
H9287-001 (AZMA201944E)	
H9287-001 (AZMA202076S   Spanish)	
<b>Allwell Dual Medicare (HMO D-SNP)</b>	
H5590-008 (AZMA201943E)	
<b>Allwell CHF/Diabetes Medicare (HMO C-SNP)</b>	
H0351-038 (AZMA201935E)	
H0351-038 (AZMA202069S   Spanish)	

(continued)

Arizona forms/bulk materials <sup>1</sup>	ENG	SPN
Extra Benefits (H0351 038 HMO)		
Extra Benefits (H0351 050)		
Extra Benefits (H0351 051 HMO)		
Extra Benefits (H0351 044-001 HMO)		
Extra Benefits (H0351 044-002 HMO)		
2020 Plan Ratings (H0351)		
Op Sup Flyer 4 (H0351 H5590 H9287 005)		
Op Sup Flyer 3 (H0351 H5590 H9287 007)		
Op Sup Flyer 1 (H0351 H5590 H9287 038, 051, 001)		N/A
Op Sup Flyer 2 (H0351 H5590 H9287 44-001, 44-002, 050)		
Extra Benefits (H9287 001)		
Extra Benefits (H9287 001)		
2020 Plan Ratings (H9287)		

Arizona forms/bulk materials <sup>1</sup>	ENG	SPN
2020 Plan Ratings (H5590)		
Extra Benefits (H5590 004)		
Extra Benefits (H5590 005)		
Extra Benefits (H5590 007)		
Extra Benefits (H5590 008)		
Pre Enrollment Checklist		
Long enrollment form		
Op Sup Form		
Directory Flyer		
Short Enrollment Form		
Transition of Care		
SNP Prequalification form		

<sup>1</sup> Limit of 25 per each material

Arizona plans	Counties
<b>Allwell Medicare (HMO)</b>	
H0351-044-001	Pima
H0351-044-002	Cochise, Santa Cruz
H5590-004	Yavapai, Yuma
<b>Allwell Medicare Essentials (HMO)</b>	
H5590-005	Maricopa, Pinal
<b>Allwell Medicare Essentials I (HMO)</b>	
H5590-007	Cochise, Maricopa, Pima, Pinal, Santa Cruz, Yuma
<b>Allwell Medicare Essentials II (HMO)</b>	
H0351-050	Maricopa, Pinal
<b>Allwell Medicare Premier (HMO)</b>	
H0351-051	Maricopa, Pinal
H9287-001	Pima
<b>Allwell Dual Medicare (HMO D-SNP)</b>	
H5590-008	Cochise, Gila, Graham, Greenlee, La Paz, Maricopa, Pima, Pinal, Santa Cruz, Yuma
<b>Allwell CHF/Diabetes Medicare (HMO C-SNP)</b>	
H0351-038	Maricopa, Pinal