

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	Shipping/ storage instructions	
<input type="checkbox"/> Business		
<input type="checkbox"/> Storage facility		

Ascension plan kit	Qty.
Florida Medicare (HMO)	
H8225-001 (FLMA201985E)	
H8225-002 (FLMA201986E)	
H8225-003 (FLMA201987E)	
H8225-004 (FLMA201988E)	
Illinois Medicare (HMO)	
H7399-001 (ILMA201996E)	
H7399-002 (ILMA201997E)	
Kansas Medicare (HMO)	
H5398-001 (KSMA202008E)	
H5398-002 (KSMA202009E)	

Ascension forms/bulk materials ¹	ENG	SPN
Florida Medicare (HMO)		
Extra Benefits (H8225 001 HMO MAPD)		
Extra Benefits (H8225 002 HMO MAPD)		
Extra Benefits (H8225 003 HMO MAPD)		
Extra Benefits (H8225 004 HMO MAPD)		
Op Sup Flyer 1 (H8225 001, 003 HMO MAPD)		
Op Sup Form (H8225 001, 003)		
Pre Enrollment Checklist		
Long enrollment form		
Directory Flyer		
Transition of Care		

¹ Limit of 50 per each material

Directory	Qty.
Florida Medicare Provider Directory	
Illinois Medicare Provider Directory	
Kansas Medicare Provider Directory	

(continued)

Ascension forms/bulk materials ¹	ENG	SPN
Illinois Medicare (HMO)		
Extra Benefits (H7399 001 HMO MAPD)		
Op Sup Flyer 1 (H7399 001 HMO MAPD)		
Op Sup Form (H7399 001)		N/A
Extra Benefits (H7399 002 HMO MAPD)		
Pre Enrollment Checklist		
Long enrollment form		
Directory Flyer		N/A
Transition of Care		

¹ Limit of 50 per each material

Ascension forms/bulk materials ¹	ENG	SPN
Kansas Medicare (HMO)		
Extra Benefits (H5398 001 HMO MAPD)		
Op Sup Flyer 1 (H5398 001 HMO MAPD)		
Op Sup Form (H5398 001)		N/A
Extra Benefits (H5398 002 HMO MAPD)		
Pre Enrollment Checklist		
Long enrollment form		
Directory Flyer		N/A
Transition of Care		

¹ Limit of 50 per each material

Ascension plans	Counties
Florida Medicare (HMO)	
H8225-001	Baker, Clay, Duval, Nassau
H8225-002	Escambia, Santa Rosa
H8225-003	Baker, Clay, Duval, Nassau
H8225-004	Escambia, Santa Rosa
Illinois Medicare (HMO)	
H7399-001	Cook, DuPage, Kane, Will
H7399-002	Cook, DuPage, Kane, Will
Kansas Medicare (HMO)	
H5398-001	Butler, Harvey, Sedgwick
H5398-002	Butler, Harvey, Sedgwick