

Broker Order Form for Consumer Direct Supplies

CONSUMER DIRECT SUPPLIES	CODE	QUANTITY REQUESTED	QUANTITY APPROVED (FOR CAREFIRST USE ONLY)
DENTAL COVERAGES (Contains three apps—one per jurisdiction)			
Individual Select DHMO, MD/DC/VA	(DHO)		
Individual Select Preferred & Individual Select Preferred Plus, MD/DC/VA	(DPP)		
BlueDental Preferred, MD/DC/VA	(DBP)		
ACA QUALIFIED HEALTH PLANS			
2023 Maryland Consumer Health Insurance Plans	(AMM)		
2023 Washington, D.C. Consumer Health Insurance Plans	(AMD)		
2023 Virginia Consumer Health Insurance Plans	(AMV)		
ACA BENEFIT CHARTS			
2023 Maryland Consumer Health Benefits Chart			
2023 Washington, D.C. Consumer Health Benefits Chart			
2023 Virginia Consumer Health Benefits Chart			

To Order:

- Please fax completed form to **443-738-7305** for processing. Clearly print your agency name, contact person and street address and phone number on the lines below.
- USE THIS FORM ONLY—DO NOT ATTACH WRITTEN REQUESTS. Please copy this form as needed.
- Sub-agents: Request your supplies from your Broker Administrator. Orders will be sent to the Administrator only.
- If you have any questions about placing an order, or about an order you've already placed, please contact your broker representative.

Phone:	Fax:
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Below is our shipping label—please provide only the information requested below this line.

Ship to:

Contact/Addressee
Agency Name
Street Address—P.O. Boxes NOT acceptable
City/State/ZIP