

Order Form for NC Medicaid Consumer Guides

**Complete top portion of form and fax to:
 Division of Medical Assistance – MEU
 (919) 715-0801**

County:	Ship To Address (No PO Box):
Contact:	
Phone:	
Email:	
Fax:	

Item	Description	# of Boxes Ordered
F	Family & Children’s Handbook (80/box)	
A	Aged/Blind/Disabled Handbook (60/box)	
M	Medicare Savings Handbook (160/box)	

If you have any questions regarding your order, please contact Administrative Support at (919) 855-4000.

*****This section completed by DMA*****

**To: CES
 From: DMA-Administrative Support (855-4000)**

Please send the following to the ship to address above:

Item	No. of Cases to Ship	Comments
F		
A		
M		

_____ **DMA Authorization**

_____ **Date**