



PHARMACY OMBUDSMAN PAMPHLET RE-ORDER FORM

FAX: **888-858-7984**
 TO: PRIDE Enterprises
 Print Division
 19566 SE Institutional Dr.
 Blountstown, FL 32424

Fill out your Provider Number, Street Address, Telephone Number and Contact Person.

Please note that a street address is required for delivery. No Shipments can be made to a P.O. Box.

DATE: _____
 month/date/year

Provider No.:		
Store Name:		No.:
Street Address:		
City:	State:	Zip:
Telephone: ()		
Contact Person:		
<input type="checkbox"/> Check if address listed is new or updated.		

For additional re-order forms, go to the Florida Medicaid Fiscal Agent Provider Web Portal at: <http://mymedicaid-florida.com>, click on the "Public Information for Providers" link, "Pharmacy", then Pharmacy Ombudsman Pamphlet Re-order Form

RE-ORDER INFORMATION

ITEM	QUANTITY	(PRIDE USE ONLY)
PAMPHLETS – English <small>(One package has 50 pamphlets)</small>	50 x _____packages	
PAMPHLETS – Spanish <small>(One package has 50 pamphlets)</small>	50 x _____packages	
SIGNS – English/Spanish <small>(Set of 2—1 of each language)</small>	_____sets	
<p>There are 50 Pamphlets in a package. The signs are 8.5 x 11. The signs will be mailed separately if ordered. Please order the number of packages or sets you want to receive.</p>		

FAX this order sheet to this toll free number:

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