




Prenatal Vitamin Ordering Form

NH Healthy Families members are eligible for a three (3) month supply of prenatal vitamins at no cost. To order prenatal vitamins for a member of our health plan, simply follow the steps below. Please use black ink to complete this form.

 For any questions regarding this form or our pregnancy program, please call 1-866-769-3085.

Step 1:

 Complete the information below. Please use black ink and ensure the member's mailing address is accurate.

Member Information _____

First Name _____ Last Name _____

Member ID Number _____ Date of Birth _____ EDC: _____

Mailing Address _____ City _____ State _____ Zip Code _____

Home Phone Number _____ Cell Phone Number _____

Provider Information _____

Name _____ Provider T.I.N./N.P.I. Number _____

Phone Number _____ Fax Number _____

Mailing Address _____ City _____ State _____ Zip Code _____



Member Name _____ Date _____


Prenatal Plus Disp: #100 No refills

Ship prenatal vitamins to (please choose one): Provider Office Member

Physician signature / Dispense as written

DEA#

Step 2:

 Fax this form to 1-877-396-5970.

Vitamins will be delivered in three (3) calendar weeks.

For internal use only.

Completed by _____ **Date** _____