

OTC Benefit Card

Date of Birth (MM/DD/YY)

First Name

Last Name

Street #

Street Name

Apt/Suite #

City

State

ZIP Code

Phone

Email

ITEM#

DESCRIPTION

PRICE

QUANTITY

TOTAL

\$

\$

\$

§

\$

\$

\$

\$

\$

\$

§

\$

\$

\$

Total Order Amount..... \$ _____

Benefit Amount \$ _____

Amount Due..... \$ _____

If your total amount due exceeds your current available benefit amount, please include a check with the order form or fill out your credit card information below to pay the remaining amount due.

NOTE: Failure to submit payment in full may cause a delay in receiving your order and/or cancellation of some items. If your total order amount is less than your current available benefit amount, you **DO NOT** need to include additional payment information.

STEP 3 - Fill Out Payment Information (if applicable)

To pay by check, please make your check payable to NationsOTC and include it with your order form. To pay by credit or debit card, please fill out the following information:

Credit/Debit Card #

Expiration Date (MM/YY)

Security Code (CVV)

Cardholder First Name

Cardholder Last Name

Cardholder Signature

STEP 4 – Mail Completed Form

Send the completed order form along with payment (if applicable), using the postage-paid envelope to:

NationsOTC
8930 West State Rd. 84
Suite 187
Davie, FL 33324

If you have any questions or need assistance placing your order, please call NationsOTC at **833-SHOP-OTC (833-746-7682) TTY: 711**. Member Experience Advisors are available Monday-Friday, 8:00 a.m.-8:00 p.m. ET. Language support services are available if needed.

I understand that the phone numbers and/or emails I provided on this form may be used by NationsOTC or any of its contracted parties to contact me about my account, my health benefit plan or related programs, or services provided to me.