



2022 Over-The-Counter (OTC) Product Catalog Order Form

STEP 1 Provide all your information below:

OTC Benefit Card # _____ Date of Birth (MM/DD/YYYY) _____

Member ID _____

First Name _____ Last Name _____

Street # _____ Street Name _____ Apt/Suite # _____

City _____ State _____ ZIP Code _____

Phone _____ Email _____

STEP 2 Pick your products

| Item # | Product Description | Quantity | Price |
|--|---------------------|----------|----------|
| 1 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ | \$ _____ |
| 2 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ | \$ _____ |
| 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ | \$ _____ |
| 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ | \$ _____ |
| 5 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ | \$ _____ |
| 6 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ | \$ _____ |
| 7 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ | \$ _____ |
| 8 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ | \$ _____ |
| 9 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ | \$ _____ |
| 10 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | _____ | _____ | \$ _____ |

Total Order: \$ _____

STEP 3 Place your order

OTC Servicing Center, 1200 Townline Rd, Mundelein, IL, 60060

If you place your order by mail using an order form, your order total will be applied to the quarter in which we receive your form. For example, if you mail your order form on June 29, but we received it on July 1, your order total will be applied to the benefit period in which we receive it

About Mail Orders

- A mail order form may take up to 4 weeks to process.
- If your total amount exceeds your current available benefit balance, we will remove the last items added to the form until it is within your benefit balance.
- Cash, checks, credit cards or money orders are not accepted via mail.
- If your mail order includes any out-of-stock items, the order will be processed without out-of-stock items.
- To receive your order faster, place it online at: <https://athome.medline.com/card>
- If you have any questions or need help placing your order, call Medline atHome OTC benefits customer service at 1-833-569-2330 (TTY: 711). They're available Monday-Friday, 7 a.m.–6 p.m. CT.

****Not all products in this catalog may be covered under your benefit. To check item plan eligibility, please log in to <https://athome.medline.com/card> and view your unique product assortment.****