

SmartValue Supply Request Form
Licensed Independent Agents
Georgia



Today's Date: _____

IMPORTANT - Fax completed supply request form to **800-504-1956**.
 For inquiries regarding your Request, please call 877-637-4029.

Visit us on the Web at
www.bcbsga.com

REQUESTER INFORMATION	
Agent Name	Encrypted Agent # (Tax ID # for Company)
Company Name	Phone #
Attention	Fax #
Street Address ONLY (no P.O. Box address)	Email Address
City	State Zip

Please allow 7 to 10 business days to receive your orders. Missing information will cause processing delays and may make it impossible to fill your order.

Enrollment Kits		
<i>Kits include:</i>		
Outer Envelope, Brochure with Application, Return Envelope, Provider Disclosure and Summary of Benefits		
PART #	DESCRIPTION	QTY
KitP-GA1	SmartValue – Service Area A	
KitP-GA2	SmartValue – Service Area B	

SmartValue		
PART #	DESCRIPTION	QTY
8663GA	SmartValue Brochure	
8660GA	Enrollment Form	
13743	Short Enrollment Form	
8662GA	Provider - Disclosure Form	
8664GA-A	Summary of Benefits Booklet – Area A	
8664GA-B	Summary of Benefits Booklet – Area B	
2241GA	Witness / Translator statement	
8706GA	Provider - Plan Introduction Sheet	
10405	Enrollment Return Envelope (P.O. Box 9154)	
8661GA	Mini Brochure	
11737GA	Top Pharmacy Chains	
11733GA	Top 300 Drug List	
10190	Comprehensive SmartValue Plus Drug Formulary	
11777GA	Comprehensive SmartValue Enhanced Plus Drug Formulary	
11769	Pharmacy Directory	
10757BC	Choosing a Private Fee for Service Policy (CMS guide)	
3065	6x9 Enrollment Envelope	
8705GA	Supply Request Form	