



2024 Clever Care Member Herbal Supplement Order Form

Complete and return this form to Clever Care. **Email:** csr@ccmapd.com **Fax:** (657) 276-4720 **or Mail:** Clever Care Health Plan | Attn: Customer Service | 7711 Center Ave, Suite 100 | Huntington Beach, CA 92647. For help, call Customer Service at **(833) 388-8168 (TTY: 711)** 8 a.m. to 8 p.m., seven days a week, from October 1 through March 31, and 8 a.m. to 8 p.m., weekdays, from April 1 through September 30.

MEMBER INFORMATION			
Please fill out all information exactly as they appear on your cards.			
First Name:	Last Name:		
Member ID:	Plan/Allowance: <input type="checkbox"/> Longevity \$275 <input type="checkbox"/> Active \$75 <input type="checkbox"/> Value \$100 <input type="checkbox"/> Total+ \$275		
Flex Card Number:	Expiration Date:	CVV:	
Phone Number:	Mobile? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	
Billing Address:		<input type="checkbox"/> Delivery and Billing address are the same	
City:	State: CA	ZIP Code:	

ORDER INFORMATION				
Sales tax and shipping are included in the item cost. Items and prices may change in accordance with the vendor agreement.				
Item Number	Description	Item Cost	Quantity	Total
		\$		\$
		\$		\$
		\$		\$
		\$		\$
			Order Total:	\$

By signing this form, I hereby authorize the vendor to establish an account and to start the order. I understand that I will be responsible to pay all costs over my benefit allowance amount.

Signature: _____

Date: _____

The products and claims made about specific herbal supplement products purchased through the Clever Care Flex Health & Wellness benefit, Preventive Care Rewards Program, or Prescription Drug Adherence Reward Program have not been evaluated by the United States Food and Drug Administration and are not approved to diagnose, treat, cure or prevent disease. Some herbal supplements may cause interactions with your prescribed medications. Please consult with your clinician or doctor.

F10017-HSORDER-EN (01/24)