2026 Over-the-Counter (OTC) & Fitness Product
ORDER FORM

Mass General Brigham
Health Plan

STEP 1 - COMPLETE YOUR SHIPPING INFORMATION BELOW

Flexible Benefit Card Number

Member ID (found on plan member ID card)

Date of Birth

/ /

First Name

Last Name and Suffix

MI

Street Number

Street Name

Apt/Suite #

City

State

Zip Code

–

Email* (Optional)

@ .

Daytime Phone

– –

Mobile Phone* (Optional)

– –

*By providing your email address/mobile phone number to us, you consent that we may send communication to you via email/text. Mobile service provider's message and data rates may apply.

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STEP 2 - PAYMENT INFORMATION (if applicable)

For orders that exceed your benefit amount, you may use Mastercard, Visa, Discover or American Express to pay the difference or purchase additional items.

Credit or Debit Card # _____

Expiration Date (MM/YY) _____

Cardholder First Name _____ **Cardholder Last Name** _____

Please mail this completed form to the following address:
OTC Servicing Center, PO Box 526266, Miami, FL 33152-9819

If you place your order using an order form, your order total will be applied to the month in which we receive your form. For example, if you mail your order form on June 29th, but we receive it on July 1st, your order total will be applied to your July benefit, not your June benefit.

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STEP 3 - PRODUCT SELECTION

	Item #	Product	Quantity	Unit Price	TOTAL
1.		_____		$	$
2.		_____		$	$
3.		_____		$	$
4.		_____		$	$
5.		_____		$	$
6.		_____		$	$
7.		_____		$	$
8.		_____		$	$
9.		_____		$	$
10.		_____		$	$
11.		_____		$	$
12.		_____		$	$
13.		_____		$	$
14.		_____		$	$
15.		_____		$	$
16.		_____		$	$
17.		_____		$	$
18.		_____		$	$

Total $ ☐☐☐.☐☐

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