

Supply Request Fax Form

Fax to: 1-877-234-4278
AmeriHealth Mercy Health Plan
Distribution Center
200 Stevens Drive
Philadelphia, PA 19113-1570



This Section Must Be Completed

| | | | |
|---------------|-------|---------------------|--|
| Facility | | Office Contact Name | |
| Provider Name | | Provider ID # | |
| Street | | Provider Fax # | |
| City | State | Zip Code: | |
| Phone | Date | | |

Check here if new address.

| Qty. | Item # | Description | Measure | Unit |
|------|--------|--|---------|-------|
| | 00179 | Chart Sticker | 48 | Sheet |
| | 00181 | Provider Directory* | 1 | Each |
| | 02491 | Referral Form | 50 | Pack |
| | 00671 | Hospital Notif. of Emergent Admission Fax Form | 250 | Pad |
| | 00672 | PCP Manual | 1 | Each |
| | 00668 | Supply Request Fax Form | 25 | Pad |
| | PH500 | Dose Optimization (Pill Splitting) Member Fact Sheets | 100 | Pack |

* Real time Provider / Specialist information is available at www.amerihealthmercyhp.com.

Please check our website. Many forms are available for download online.

Shipping Instructions

If request is faxed by 1:00 p.m., supplies will ship UPS same day. Please allow one to three days normal shipping. If you experience difficulties faxing, contact the Distribution Center at **215-937-8800**.