Page updated: December 2021

This section explains how to complete the *Provider Forms Reorder Request for Pharmacies*. Providers who need a *Provider Forms Reorder Request* should contact the Telephone Service Center (TSC) at 1-800-541-5555.

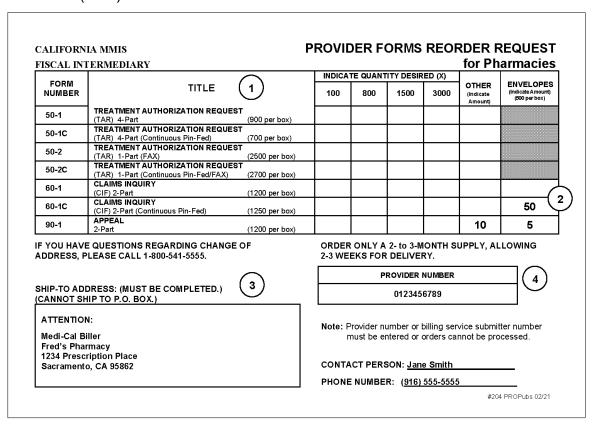


Figure 1: Sample California MMIS Fiscal Intermediary *Provider Forms Reorder Request for Pharmacy*

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Explanation of Form Items

Item	Description
1	Indicate Quantity Desired (X): Mark one of the quantity boxes or indicate "other" amount desired.
2	Envelopes: (Indicate Amount): Indicate number of envelopes requested.
3	Ship To Address: Enter the name and address where the forms are to be shipped. Include an "Attention" line if applicable. <u>Do not</u> use a P.O. Box.
4	Provider Number : The provider number or billing service submitter number must be in this box or the <i>Reorder Request</i> form will be returned.

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«Legend»

«Symbols used in the document above are explained in the following table.»

Symbol	Description
((This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
>>	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.