

# Supply Request Form

E-mail this form to: [Supplies@Dentalselect.com](mailto:Supplies@Dentalselect.com)

Confirmation reply will be sent upon receipt

For further assistance please call: 800-999-9789 Prompt 5

## *General Information*

<b>Date:</b>		<b>Due Date/Time:</b>	
<b>State:</b>		<b>Agent/Agency:</b>	
<b>Requested By:</b>		<b>Agent #:</b>	
<b>Phone #:</b>		<b>Account Executive:</b>	
<b>New Group</b> (Summary & Rates required)			
<b>Existing Group</b>		<b>Group Number(s):</b>	
<b>Plan Change(s)</b> (Summary and Rates required)		<b>Description:</b>	
<b>Group Name:</b>			

## *Delivery Instructions*

<b>Mail</b>	<b>Personal Delivery</b>
<b>Address:</b>	<b>Name:</b>
	<b>Pick-up</b>
	<b>Name:</b>
<b>Attn:</b>	<b>Phone:</b>

## *Request Details*

<i>Pre-Enrollment Kits</i>	<i>Stand-alone Products</i>	<b>Quantity</b>
<b>Quantity:</b>	<b>Flyers:</b>	
<b>Plans:</b>	<b>Group Rate Sheet</b>	
<b>Items to Include In Kit: (Check all that apply)</b>	<b>Provider Directory</b>	
Summary / Brochure	<b>Enrollment Card</b>	
Provider Directory	Standard	
Enrollment Card	Self-Funded	
Vision	<b>Ind. Plan Brochure</b>	
<b>Additional Information:</b>	Standard	
	Association	
	<b>Other:</b>	

<b>Order Size</b>	<b>Expected Completion</b>
1 – 100	2 Full Business Days
101 – 499	3 Full Business Days
500 +	4 Full Business Days