BlueCross BlueShield of Texas

Dental Supply Order Form

Materials are for Agent's use only.		*Quantity Requested*
40110	Rate Guide (1/1/2004 through 12/1/2004)	
Additional Supplies		***Quantity Requested***
40106	Outline of Coverage	
40107	Coverage Schedule Region II	
40108	Coverage Schedule Region IV	

Broker Number: 0 0 0 0 _____ **Supplies cannot be sent without broker number.**

Fax number: (___) ___ - ____ **Telephone number:** (___) ___ - ____

Mail Supplies to:	**Broker Name:**						
	Address:						
	City:	**TX**	7				

Fax this completed form to **(972) 766-8253** for supplies. If you need forms immediately, such as applications or an outline of coverage, please visit our Web Site at HTTP://WWW.BCBSTX.COM/PRODUCER/ for downloadable forms. This site also contains valuable information for agents. We now have programs online to calculate rates for clients (Rate Finder℠), locate doctors and hospitals (Provider Finder℠), and even locate pharmacies to fill prescriptions (Pharmacy Finder℠).

Check out our Web Site today at www.bcbstx.com for other useful information such as Healthy living tips and articles.