



Provider Services Materials Request Form

Please fax completed form to IEHP Provider Services at (909) 890-2968 or mail to IEHP Provider Services, PSR Unit, PO Box 1800, Rancho Cucamonga, CA 91729-1800.

Please make sure to complete all the information below to ensure rapid delivery.

Physician Name _____ Phone _____ Fax _____
 Address _____ City _____ State _____ Zip _____
 Primary Contact _____

Please select the following items that your office needs and IEHP will mail them to you.

	Materials	Quantity	Comments
	Brochure Stand		
	IEHP Brochures:		
	• Benefits of Joining IEHP (Medi-Cal Overview)		
	• Benefits of Joining IEHP (for SPD Members)		
	• IEHP Disability Programs		
	• 24-Hour Nurse Advice Line (Brochure/Magnet)		
	• Do you have high blood pressure?		
	• Controlling Asthma		
	• Dealing with Depression		
	• Eat Healthy Feel Better		
	• Fever in Children		
	• Immunizations		
	• Living with Diabetes		
	• The Truth About Antibiotics		
	• Living Well with a Disability Program		
	IEHP Pads:		
	• Specialist Referral and Medications (What to Expect) MK 01274-1011-1		
	• Referral Reminder PS 02201-0613-1		
	• How can you protect your vision if you have diabetes?(DRE) MDS 01617-0812-2		
	• Return to Work Certificate PS 01704-0712-1		
	• Return to School Certificate PS 01658-0712-1		
	PHI Protector		
	Comic Books:		
	• Eradicator		
	• Rad Rider		
	• Super Nutricia		
	Posters		
	Pay for Performance (P4P) Packet		

Additional
Comments: