



**Health Care Provider Outreach -- Order Form
(Physicians, Dentists, Optometrists & Ophthalmologists)**

Request Date: _____ County: _____

Contact Person: _____

Provider: _____

Shipping Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Item	Quantity Requested	Quantity Approved
Prevention Brochures (English)		
African American Prevention Brochures		
Prevention/Immunization Schedule (8.5 x 11)		
Informational Program Flyer (3.5 x 8.5) (can be used as payroll stuffer)		
Application & Guide (English)		
Spanish Applications & Guide		
Spanish Informational Program Flyer		
CHIP 1-877-WVA-CHIP/Income Posters		
Summary Plan Description Booklet		
CHIP Provider Guide		
HealthCheck Promotional Flyer		

***All items are subject to availability.**

Please return form to Pam Gunter @ WVCHIP
 1018 Kanawha Blvd, East Suite 209
 Charleston, WV 25301
 Phone: (304) 558-2732 Fax: (304) 558-2741
 or email form to: pgunter@wvchip.org

Order Shipped On: _____ By: _____
