



WB Mason Provider Forms Requisition for CarePartners of Connecticut

INSTRUCTIONS

Use this requisition to order forms via fax or email. CarePartners of Connecticut referral forms are provided at no charge to CarePartners of Connecticut providers. CMS-1500 forms are discounted 40 to 50 percent off retail prices. Please keep a copy of this form for your records.

WB Mason Customer Service Center Contact Information

Email completed order form to carepartnersct@wbmason.com or fax to 800.773.4488 (**Note:** Do not fax completed referrals to this number). For questions on orders placed with WB Mason, call 508.436.8532. For all other questions, call CarePartners of Connecticut Provider Services at 888.341.1508.

Note: The above email option is being provided for the convenience of our providers. CarePartners of Connecticut does not assume any responsibility for the security and/or transmission integrity of data sent electronically to WB Mason.

Enter "Ship To" information below: **DO NOT WRITE IN SHADED BOXES – INTERNAL USE ONLY**

10-Digit National Provider ID Number (NPI)	Date	CarePartners of Connecticut Account # MIE800
Ship to practice name		
Street address/no.	Order #	
City/town	State	ZIP
Requisitioner's Name	Requisitioner's Phone #	Requisitioner's Fax #
Email address (required in order to receive order acknowledgement from WB Mason)		

CarePartners of Connecticut REFERRAL FORMS (AVAILABLE AT NO CHARGE)					
Form Name	Form #	Qty. Pkgs. Ordered	Max. Qty. Pkgs. Allowed	Qty/Pkg	Description
REF-CPCT	TFTREFCPCT		4	50	CarePartners of Connecticut Referral Authorization Form

CMS-1500 FORMS and UB04 FORMS (AVAILABLE AT DISCOUNTED RATE)						
CMS Form Name	Form #	# CTNS Ordered	Discounted Price/Carton	Ctn. Qty.	Description	\$Extended Total
CMS1500G	TOP50122RV		\$152.99	3000	CMS 1-PT. CONTINUOUS FORMS	
CMS1500H	TOP50124RV		\$173.96	1500	CMS 2-PT. NCR CONTINUOUS FORMS	
CMS150LO	TOP50126RV		\$8.28	500	CMS 8.5 x 11 LASER SHEET	
UB04	TOP59870R		\$169.00	2500	UB04 1 PT. LASER CUTSHEET (8.5 X 11)	

Order Total: \$ _____

For email submissions only: By typing your name in the signature field below, you are signing this requisition form electronically and authorizing WB Mason to process your order on the credit card provided below.

Authorized Signature: _____ Date: _____

Credit Card: Master Card VISA Card #: _____

Name exactly as it appears on the credit card: _____ Exp. Date: _____