



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

2024 Advantage Dollars Order Form

Step 1 - Complete your information below

Advantage Dollars card number

Date of birth

____ - ____ - ____

First name

Last name and suffix

Street address

Apt/Suite #

City

State ZIP code

_____ - _____

Daytime phone

Email (optional)

Step 2 - Product selection

Item #	Product	Quantity	Unit price	Total
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____
_____	_____	_____	\$ _____	\$ _____

If your total order amount exceeds your current available benefit allowance, please include your credit card information in Step 3 to pay the remaining amount due.

If your total order amount is less than your current available benefit allowance, you don't need to include additional payment information.

Total	\$ _____
Sales tax (6% MI sales tax)	\$ _____
Total amount due	\$ _____
Amount exceeding allowance balance (if applicable)	\$ _____



Step 3 - Payment information (if applicable)

You can pay any balance beyond your Advantage Dollars by credit or debit card. If you have a balance and do not submit payment for the remaining balance, there may be a delay in receiving your order and some of your items may be canceled.

To pay by credit or debit card, please fill out the following information:

Credit or debit card # _____

Expiration date (MM/YY) _____ Security code (CVV) _____

Cardholder first name _____ Cardholder last name _____

Cardholder signature

Step 4 - Mail completed form

Send completed order form (with payment if applicable) to:

OTC Servicing Center
P.O. Box 526266
Miami, FL 33152-9819

For questions call Convey at

1-855-856-7878

from 8 a.m. to 11 p.m. Eastern time, Monday through Friday.

TTY users, call **711**.