



# How to Order Your Enrollment Kits

**Step-by-step guide** 

2023





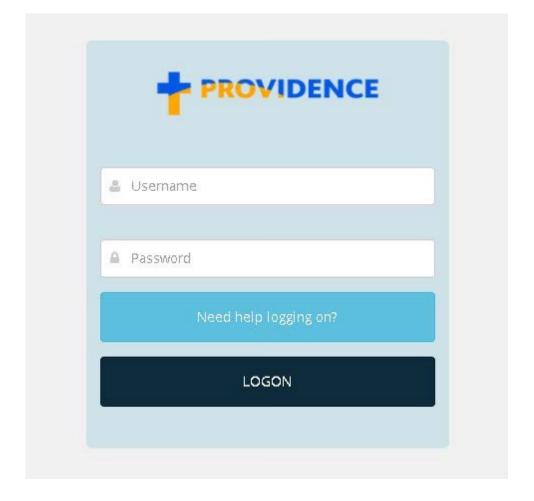


This document serves as a quick reference guide to help our producer partners order sales enrollment material. If you are ordering for the first time or just need a friendly reminder, this guide should help you get your order placed quickly and easily.

"Know me, care for me, ease my way."

# Logging on

- 1. Go to: https://allied.codysoft.net/PHA/catalog
- 2. Enter Username = National Producer Number (NPN)
- 3. Enter Password Default Password = Prov1
- 4. Click on LOGON

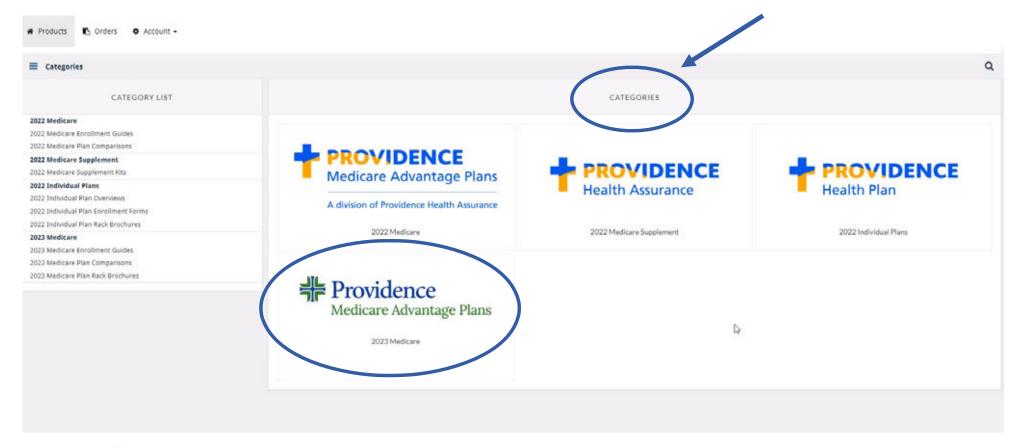






# **Categories**

1. Click on product line and year you are interested in ordering under "CATEGORIES"



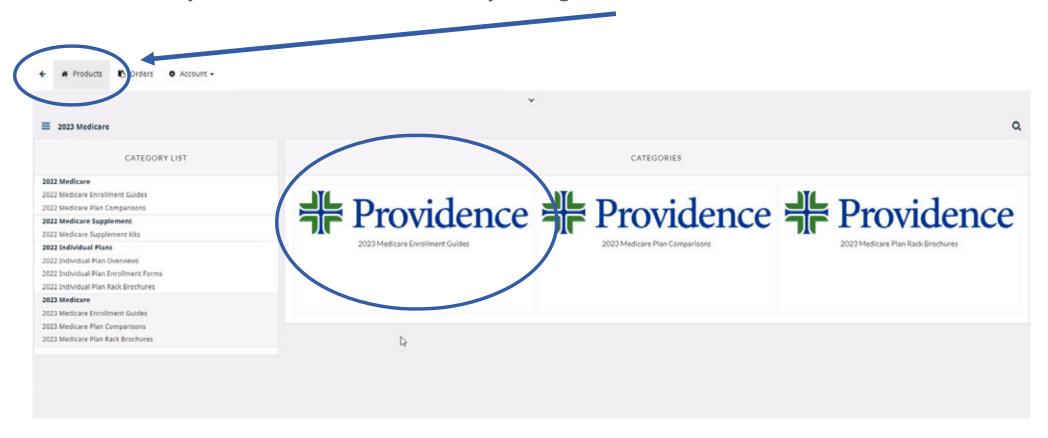




## Select your item

1. Click Select the item of interest

NOTE: You can always return to add additional items by clicking on "Products"

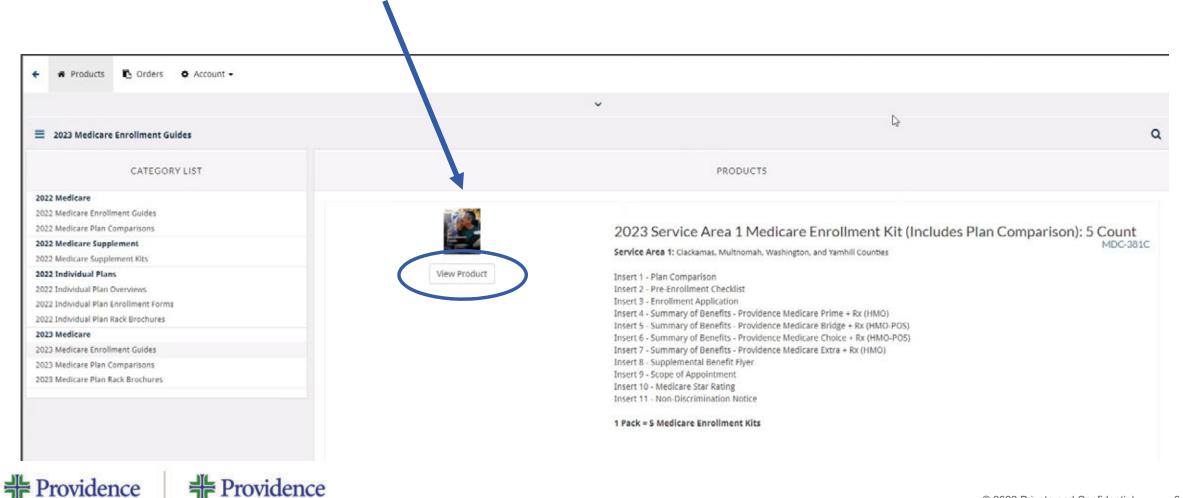






# Select Medical (HMO-POS) Plan

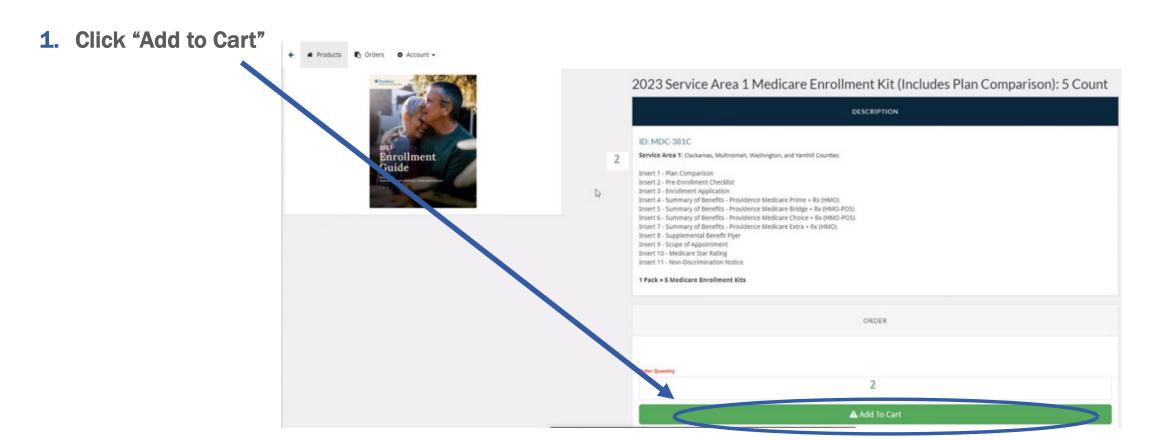
1. All service areas will be listed in the menu. Click "View Product" by your service area to order the appropriate Enrollment Kit.



Health Plan

# Quantity/add to cart

Under "Order Quantity" enter number of packets requested.

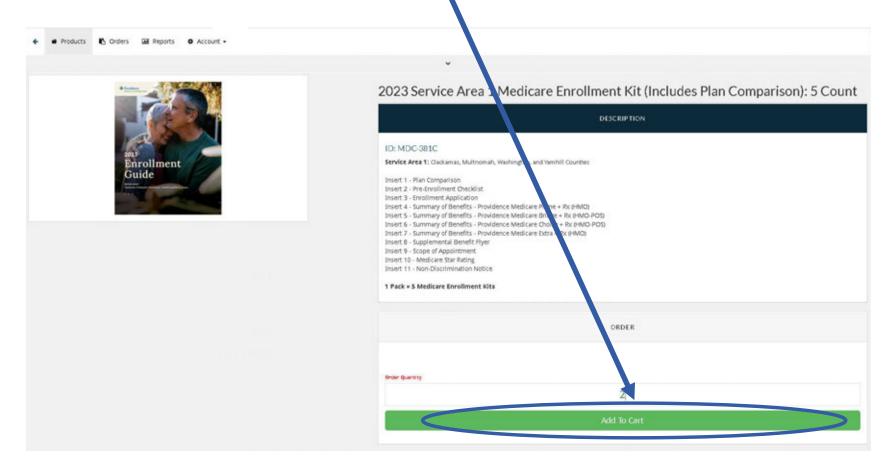






## Check out

1. Review items in your cart. If ok, click on "CHECK OUT"



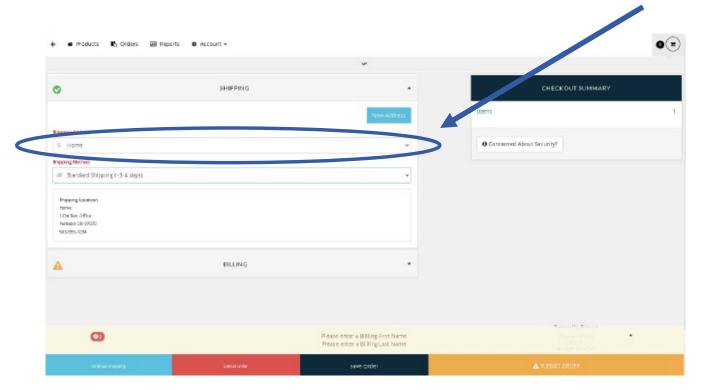




# Shipping

1. If you have ordered prior, your address information should be saved under "Shipping Address"

2. If no address is listed or you want to ship to an address not used prior, click on "New Address"



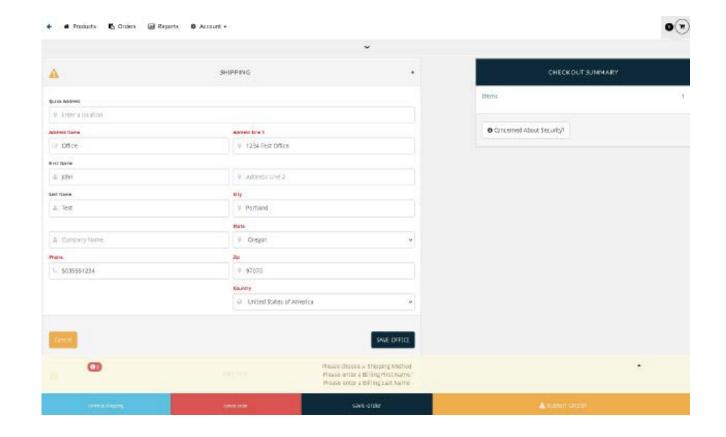




# Shipping cont.

#### **Enter the following fields:**

- a) Enter an Address Name such as Office or Home, this will expedite future orders
- Address Line Needs to be a physical address, no PO BOX.
- c) First and Last name if being sent to an office
- d) City
- e) Company if necessary
- f) Zip
- g) Phone in case of questions
- h) Click Save

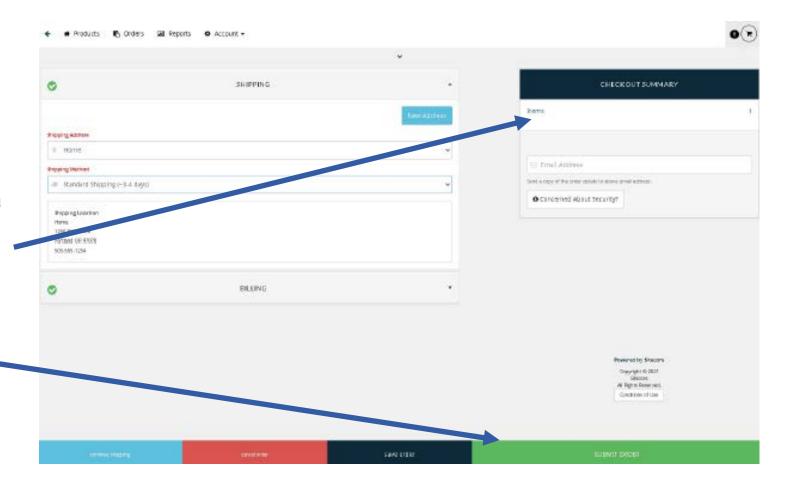






# Shipping method

- **1.** Shipping Method = Standard
- 2. Billing ignore, there is no cost to you to order supplies
- 3. Enter Email Address if you would like a copy of the order
- 4. Click on "SUBMIT ORDER

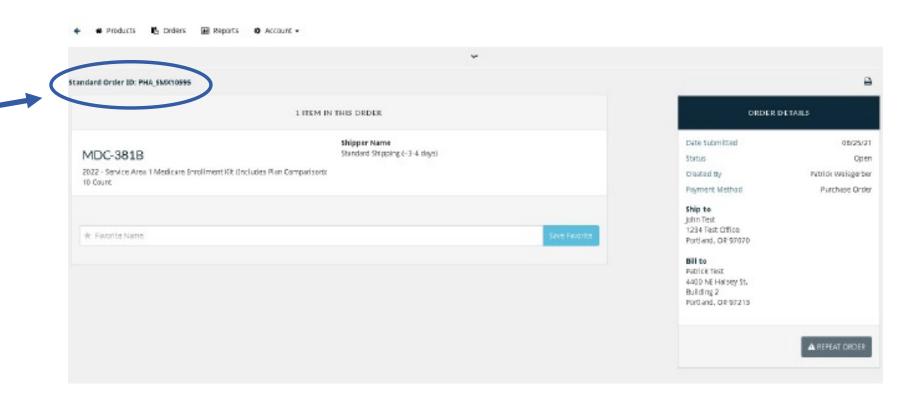






## Order number

We suggest that you keep a copy of the "Standard Order ID" in case you ever need to reference the order







## Medicare contact information

## **Submitting a Paper Application**

Fax: 503-574-8653

Email: ProvMedicare@providence.org

## **Agent Coordinator Unit**

Commission questions
Book for business requests
Agent appointments

Email: AgtCoordinatorUnit@providence.org

### **Producer Support**

- Questions about plan benefits
- Network questions
- Assistance with completing the application
- Status of application inquiries

Phone: 503-574-6300 Option 1

Email: ProducerSupport@providence.org

## **Pharmacy**

Phone: 503-574-7635









# Thank You