



Mercy Care Complete Care Member Handbook Order Form

Complete this form and submit to ProviderRelations@MercyCareAZ.org. Minimum request of 25 handbooks per order. Handbook orders are processed on Fridays. Requests made Thursdays after 5 p.m. will be processed the following week.

Provider Name _____

Date requested _____

Delivery Information

Street

City

State

ZIP

Delivery contact

Phone

Number of handbooks: _____

Complete the information below only if ordering for a second site.

Street

City

State

ZIP

Delivery contact

Phone

Number of handbooks: _____

Order/Delivery notes
