



HealthPartners MSHO Supplement Benefits  
Bolger Order Form  
Benefit Year: 2025

**Instructions:** Enter member information in below fields. Check supplemental benefits to be sent to the member and then click 'Submit' at bottom of page. Document in member case notes the specific Supplemental Benefits that were ordered.

[HPMSHOfulfill@bolgerinc.com](mailto:HPMSHOfulfill@bolgerinc.com)

Member Name:	
Member Address:	
HealthPartners Member ID:	

**Tablet**– Preloaded with health education, health engagement, wellness information.

. Qualifying Diagnosis verified by CC

**Animatronic pet** – gives companionship and job; reduces anxiety and loneliness.

Select one:  Cat\*

Dog

Bird-Squaker Talker

Qualifying Diagnosis verified by CC

\*If you do not make selection, we will automatically send you an animatronic cat.

Pocket hearing amplifier – Enhances sound for better hearing.

We will mail the requested item(s) to the address listed above.

**\*Reminder – Bolger cannot ship to a PO Box.**

If members address is a PO Box OR they want items shipped to a different address then provide physical address they can ship to below:

Physical Address:

Estimated delivery time frame is up to 30 days.

Submit