

HealthPartners MSHO Supplement Benefits Bolger Order Form Benefit Year: 2024

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

| Member Name: | |
|--|---|
| Member Address: | |
| HealthPartners Member ID: | |
| Tablet- Preloaded with hea | alth education, health engagement, wellness information. |
| | Diagnosis verified by CC |
| Select one: Cat* Dog Bird-Squal Qualifying *If you do not make selection, | <mark>d Diagnosis verified by CC</mark> we will automatically send you an animatronic cat. |
| Electric toothbrush – Kee | ps your teeth and gums happy and healthy. |
| Electric toothbrush replacement heads (3) - Extra Replacement heads to use with your electric toothbrush. You can just order the replacement heads if you previously ordered the electric toothbrush from us. | |
| Activity tracker – Tracks your steps to keep you active and healthy. | |
| Pedaler – Strengthens and tones leg and arm muscle and increases range of motion. | |
| Pocket hearing amplifier – Enhances sound for better hearing. | |
| Weight Watchers – Attend in-person meetings and access online tools for a personalized weight management plan. (Vouchers will be mailed to the member) | |
| ship to a PO Box. If member a | m(s) to the address listed above. *Reminder – Bolger cannot address is a PO Box OR they want items shipped to a different address they can ship to below: |
| Physical Address: | |
| | |

Estimated delivery time frame is up to 30 days.

Submit