



Inland Empire Health Plan

Provider Services Materials Request Form

Please fax completed form to IEHP Provider Services at (909) 890-2968 or mail to IEHP Provider Services, PSR Unit, PO Box 19026, San Bernardino, CA 92423-9026.

Please make sure to complete all the information below to ensure rapid delivery.

Physician Name _____ Phone # _____ Fax # _____
 Address _____ City _____ State _____ Zip _____
 Primary Contact _____

Please select the following items that your office needs and IEHP will mail them to you.

	Materials	Quantity	Comments
	Grievance Forms (English, Spanish, or both)		
	Brochure Stand		
	IEHP Brochures:		
	• Benefits of Joining IEHP (Medi-Cal Overview)		
	• Benefits of Joining IEHP (Medicare DualChoice HMO SNP)		
	• Benefits of Joining IEHP (for SPD Members)		
	• IEHP Disability Programs		
	• 24-Hour Nurse Advice Line		
	• Do you have high blood pressure?		
	• Controlling Asthma		
	• Dealing with Depression		
	• Fever in Children		
	• Immunizations		
	• Living with Diabetes		
	• Need a Specialist?		
	• The Truth About Antibiotics		
	• Wheelchair Seating Clinic		
	• Living Well with a Disability Program		
	PHI Protector		
	Provider Directory		
	IEHP Formulary		
	Manuals (Provider Manual & Benefits Manual)		
	Comic Books:		
	• Eradicator		
	• Rad Rider		
	• Super Nutricia		
	Posters		
	Pay for Performance (P4P) Packet		

Additional Comments: