REGISTRATION/ORDER FORM

Starter Kit includes all items below (provided at no charge).



Consent Form (8 1/2" x 11")

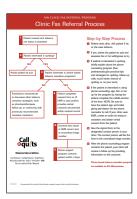
Personalized with your clinic name, address & unique Clinic ID#.



Fax Cover Sheet

(8 1/2" x 11")

HIPAA Requirement (Clinic may use own Fax cover sheet)

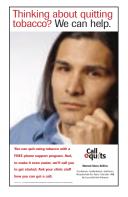


Clinician Fact Sheet (double-sided,

8 1/2" x 11") Shows workflow process and answers to frequently asked questions.



Patient Take Away (double-sided, 3 1/2" x 8 1/2")



Poster (11" x 14")

Reorders:
Clinic ID#
☐ Consent Form (.pdf file)
☐ Fax Cover Sheet (.pdf file)
☐ Patient Takeaway (F8662) Qty:
☐ Poster (F8563) Qty:

Clinic Information:

Clinic Name and Site:				
Address:		City:		
County:	ZIP:			
Contact Name (Clinic Admin):				
Phone: ()	Fax: ()			
E-mail Address:				
Clinic Type: 🔲 Medical 👊 Dental 👊 Behavio	oral Health 🚨 Public Heal	lth □ Other		

Send to:

Fax form to: (651) 662-2375

Mail form to: Blue Cross and Blue Shield of Minnesota

S113

P.O. Box 64560

Eagan, MN 55164-0560

For more information, contact Kim Winter at (651) 662-6879, kim_winter@bluecrossmn.com.



Minnesota Tobacco Quitlines

UCare Minnesota • ClearWay Minnesota • HealthPartners
Metropolitan Health Plan • Medica • PreferredOne • MMSI
Blue Cross and Blue Shield of Minnesota