



A UnitedHealthcare Company

Printed Materials and Directory Request Form

Request Date:	Requester's Name:
Company:	Company Street Address:
Requester's Phone Number:	City, State, ZIP:

REQUESTED ITEM	QUANTITY
OneNet PPO Directory, Volume I	
OneNet PPO/MAPSI Directory, Volume I	
OneNet/MAPSI North/South Carolina Directory, Volume I	
OneNet/MAPSI CD ROM Directory (includes NC/SC)	
OneNet Workers Compensation Directory	
OneNet Dental PPO Directory (AP-6)	
OneNet Dental Discount Directory (ADG-6)	
How To Use MAPSI Brochure	

SHIP DIRECTORIES/PRINTED MATERIALS TO:	
If shipping address is same as above address, please check here: <input type="checkbox"/>	
If shipping to a different address, please fill in below.	
Print Name:	Company Street Address: (No P.O. Boxes)
Print Company:	City, State, ZIP
Contact Phone Number:	Date Needed:

Please mail or fax this completed form to:

Susie Campbell OneNet PPO, LLC 4 Taft Court Rockville MD 20850 Tel 240-379-1001 Fax 240-379-1074	Special Shipping Instructions:
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