

# Supply Request Fax Form

**KEYSTONE MERCY**

A Program of Keystone First and Mercy Health Plan

**Fax to: 1-877-234-4278**  
**Keystone Mercy Health Plan**  
**Distribution Center**  
**200 Stevens Drive**  
**Philadelphia, PA 19113-1570**



## This Section Must Be Completed

Facility		Office Contact Name	
Provider Name		Provider ID #	
Street		Provider Fax #	
City	State	Zip Code:	
Phone	Date		

Check here if new address.

Qty.	Item #	Description	Measure	Unit
	00005	PCP 10 x 13 Envelope	25	Pack
	00006	Specialist 10 x 13 Envelope	25	Pack
	00180	Chart Sticker	48	Sheet
		Provider Directory*	1	Each
	02486	Referral Form	50	Pack
	00387	Provider Manual	1	Each
	00639	Hospital Notif. of Emergent Admission Fax Form	250	Pad
	00669	Supply Request Fax Form	25	Pad
	00677	Physician Injectable Drug Replacement Order Form	50	Pad
	00678	Physician Chemotherapy Drug Rep. Order Form	50	Pad
	PH500	Dose Optimization (Pill Splitting) Member Fact Sheets	100	Pack

\* Real time Provider / Specialist information is available at [www.keystonemercy.com](http://www.keystonemercy.com).

Please check our website. Many forms are available for download online.

## Shipping Instructions

If request is faxed by 1:00 p.m., supplies will ship UPS same day. Please allow one to three days normal shipping. If you experience difficulties faxing, contact the Distribution Center at **215-937-8800**.