



Meridian Health Services Network  
9249 S. Broadway, Suite 200-532, Highlands Ranch, CO 80129

1-800-994-1143

[www.MeridianHealthServicesNetwork.com](http://www.MeridianHealthServicesNetwork.com)

## Meridian HSN Products & Services Order Form\*

Date: \_\_\_\_\_

Name of Company ordering Products & Services: \_\_\_\_\_

Contact at Company: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Best time to Call: \_\_\_\_\_ Cell: \_\_\_\_\_

Company Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Number of Fulltime Employees: \_\_\_\_\_ Website: \_\_\_\_\_

### CLIENT COMPANY IS REQUESTING THESE SERVICES:

- Affordable Care Act (ACA) Minimum Essential Coverage Healthcare Plans Order Consultation
- Behavioral – Work Life EAP Program Order Consultation
- Dementia Care Certification Classes Order Consultation
- Health and Wellness Classes, Programs & Activities Order Consultation
- Meridian HSN Lifeline Business Consultation
- Risk Management – Predictive Analytics Programs Order Consultation
- Telehealth – Telemedicine Business Consultation

Notes & Details important to the order: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Meridian HSN Distributor's Company Name: \_\_\_\_\_

Meridian HSN Distributor's Address: \_\_\_\_\_

Distributor Rep's Name: \_\_\_\_\_

Rep's Phone: \_\_\_\_\_

Rep's Email: \_\_\_\_\_

\* Instructions to our Meridian HSN Distributor Rep: Fill out this form with the client and then visit the Meridian HSN website and re-submit the information online using this link:

Bookmark this link - <http://www.meridianhsn.com/services-order-form/>