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Choose your state under "Select States"



Select "Enrollment Guide" for Doc Type



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Choose "2023" unless you are looking for Med Supp



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Choose the amount of kits needed



10 Click "ADD TO CART"



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11 Click "My Cart"	
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13 Click "I have confirmed my order totals and understand that I cannot change my order after I check out"

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14 Click "PROCEED TO CHECKOUT"

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15 Confirm the address or choose New Address.

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New Address	
Contact Information	Address
First Name *	Address 1 *
Enter first name	Enter address 1
Last Name *	Address 2 (optional)
Enter last name	Enter address 2
Company Name	City *
Enter company name	Enter city
Phone Number *(digits only, no dashes, spaces or parenthesis)	Zip Code *

16 Click "COMPLETE ORDER"

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