

Purchaser Name \_\_\_\_\_

Firm Name \_\_\_\_\_

Mailing address \_\_\_\_\_

County \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

2018 Ohio Medicaid Manual Only

\$ 295.00 x \_\_\_\_\_

**Form of Payment**

Credit Card

Type of Card \_\_\_\_\_

Card # \_\_\_\_\_

Expiration \_\_\_\_\_

CVV \_\_\_\_\_

*AmEx: 4 digits on front; All others: 3 digits on back*

Name on card \_\_\_\_\_

Enclosed is a check\* for \$

Mail: 713 S. Front Street,  
Columbus, Ohio 43206

Fax: 614-443-8106

Phone: 614-443-8000

*\*Please make checks payable to Taps & Sutton, LLC*