

# 2019 OHIO MEDICAID MANUAL



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

Name of Purchaser \_\_\_\_\_ Phone # \_\_\_\_\_

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2019 Ohio Medicaid Manual Only  
Expected ship date: Thanksgiving 2019

\$ 295.00 x \_\_\_\_\_  
*\*tax exempt entities book cost: \$275*

## Form of Payment

### Credit Card information:

Type of Card \_\_\_\_\_  
Card # \_\_\_\_\_  
Expiration \_\_\_\_\_  
CVV \_\_\_\_\_  
*AmEx: 4 digits on front; All others: 3 digits on back*  
Name on card \_\_\_\_\_  
Email address for confirmation: \_\_\_\_\_

### Check Payment:

Check amount: \$ \_\_\_\_\_  
713 S. Front St. Columbus OH  
Mail: 43206  
Fax: 614-443-8106  
Phone: 614-443-8000