

CORVEL Location: _____

Phone: _____

Fax: _____

Contact: _____

Email: _____

Please check the quantity needed from the list below.
You may include multiple items on 1 order form

Envelopes- #10 regular- Price per 1000

- | | | |
|---|---|---|
| <input type="checkbox"/> 2,500- \$ 44.95 | <input type="checkbox"/> 5,000- \$ 38.47 | <input type="checkbox"/> 7,500- \$ 36.32 |
| <input type="checkbox"/> 10,000- \$ 35.23 | <input type="checkbox"/> 15,000- \$ 32.67 | <input type="checkbox"/> 20,000- \$ 31.72 |

Envelopes- #10 window- Price per 1000

- | | | |
|---|---|---|
| <input type="checkbox"/> 2,500- \$ 50.08 | <input type="checkbox"/> 5,000- \$ 43.60 | <input type="checkbox"/> 7,500- \$ 41.44 |
| <input type="checkbox"/> 10,000- \$ 40.36 | <input type="checkbox"/> 15,000- \$ 37.80 | <input type="checkbox"/> 20,000- \$ 36.86 |

Envelopes- 9" x 12" Booklet- Price per 1000

- | | | |
|---|---|---|
| <input type="checkbox"/> 1,000- \$ 175.56 | <input type="checkbox"/> 2,500- \$ 130.68 | <input type="checkbox"/> 5,000- \$ 112.59 |
|---|---|---|

Mailing Labels- lot prices

- | | |
|--|---|
| <input type="checkbox"/> 500- \$ 91.40 | <input type="checkbox"/> 1,000- \$ 136.56 |
|--|---|

FORMS- lot prices

- | | | | | |
|----------------------------|-------------------|--|---|---|
| "Enclosed the following:" | Corvel # 4 | <input type="checkbox"/> 250- \$ 81.90 | <input type="checkbox"/> 500- \$ 114.10 | <input type="checkbox"/> 1,000- \$ 203.70 |
| Long Memo form | Corvel # 5 | <input type="checkbox"/> 250- \$ 81.90 | <input type="checkbox"/> 500- \$ 114.10 | <input type="checkbox"/> 1,000- \$ 203.70 |
| Short Memo form | Corvel # 6 | <input type="checkbox"/> 250- \$ 72.10 | <input type="checkbox"/> 500- \$ 92.40 | <input type="checkbox"/> 1,000- \$ 136.50 |
| "Returning document: | Corvel # 7 | <input type="checkbox"/> 250- \$ 81.90 | <input type="checkbox"/> 500- \$ 114.10 | <input type="checkbox"/> 1,000- \$ 203.70 |
| Supervisor's Accident Rprt | Corvel # 8 | <input type="checkbox"/> 250- \$ 81.90 | <input type="checkbox"/> 500- \$ 114.10 | <input type="checkbox"/> 1,000- \$ 203.70 |
| Indemnity Label | Corvel # 9 | <input type="checkbox"/> 200- \$123.90 + Each Add 200's-\$ 74.20 color _____ | | |
| | | <input type="checkbox"/> other quantity _____ color _____ | | |

- | | | | | |
|---------------------------|--------------------|--|---|--|
| Claims Analysis Summary | | | | |
| Reserve Evaluation Wrksht | Corvel # 13 | <input type="checkbox"/> 500- \$ 92.40 | <input type="checkbox"/> 1,000- \$ 100.80 | |
| Claims Balance Worksheet | Corvel # 14 | <input type="checkbox"/> 500- \$ 53.90 | <input type="checkbox"/> 1,000- \$ 62.30 | |
| Employer Contact Sheet- | Corvel # 15 | <input type="checkbox"/> 500- \$ 53.90 | <input type="checkbox"/> 1,000- \$ 62.30 | |
| Disability Status- | Corvel # 16 | <input type="checkbox"/> 500- \$ 53.90 | <input type="checkbox"/> 1,000- \$ 62.30 | |
| Claimant Contact Sheet- | Corvel # 17 | <input type="checkbox"/> 500- \$ 53.90 | <input type="checkbox"/> 1,000- \$ 62.30 | |
| T.D. Status Sheet- | Corvel # 19 | <input type="checkbox"/> 250- \$ 55.30 | <input type="checkbox"/> 500- \$ 64.40 | <input type="checkbox"/> 1,000- \$ 83.30 |

Please include any additional instructions below:

You may submit this form online or Please fax to the 800 number below.
A confirmation of your order will be faxed to you.