



FAX TRANSMITTAL

Date: ____/____/____

No. of pages including cover sheet: _____

<p>To: Corporate Medicare Enrollment</p> <hr/> <p>Fax #: 1-844-222-3180</p> <p>Enrollee name:</p> <hr/> <p>Application signature date: ____/____/2018</p>	<p>From: Sales Channel Name: _____</p> <p>Fax #: _____</p> <p>Phone#: _____</p> <p>Email address: _____ @ _____</p> <p>Market: <input type="checkbox"/> AR <input type="checkbox"/> AZ <input type="checkbox"/> FL <input type="checkbox"/> GA <input type="checkbox"/> IN <input type="checkbox"/> KS <input type="checkbox"/> LA <input type="checkbox"/> MO <input type="checkbox"/> MS <input type="checkbox"/> OH <input type="checkbox"/> OR <input type="checkbox"/> PA <input type="checkbox"/> SC <input type="checkbox"/> TX <input type="checkbox"/> WA <input type="checkbox"/> WI</p>
<p>Application (check all that are complete):</p> <p><input type="checkbox"/> Submitted within 24 hours of enrollee signature date</p> <p><input type="checkbox"/> Medicare Claim Number (HIC Number)</p> <p>Questions: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5</p> <p>Page 3: <input type="checkbox"/> PCP Name and NPI Number</p> <p>Page 5: <input type="checkbox"/> Signature and date <input type="checkbox"/> Plan ID# <input type="checkbox"/> Effective Date of Coverage <input type="checkbox"/> SEP Type (DE)</p>	
<p>Scope of Appointment (check all that are complete):</p> <p><input type="checkbox"/> Initials <input type="checkbox"/> Signature <input type="checkbox"/> Date <input type="checkbox"/> Agent's Information <input type="checkbox"/> Initial method of contact</p>	
<p>Appointment of Representative (HIPAA) Form:</p> <p><input type="checkbox"/> All required information is completely filled out, including the required signature and dates.</p>	
<p>New Member Medical Care Checklist (NMMC):</p> <p><input type="checkbox"/> NMMC completed (medical information included) and mailed to the health plan.</p> <p><input type="checkbox"/> NMMC NOT completed (no medical information to report).</p>	
<p>Notes:</p>	
<p align="center"><i>Make sure that you keep the fax/ scan confirmation sheet as proof the application is received at the Enrollment Department</i></p>	

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