



FAX TRANSMITTAL

Date: ____/____/____

No. of pages including cover sheet: _____

To: Corporate Medicare Enrollment	From: Sales Channel Name: _____
Fax #: 1-844-222-3180	Fax #: _____
Enrollee name: _____	Phone#: _____
Application signature date: ____/____/2018	Email address: _____@_____
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	
Application (check all that are complete): <input type="checkbox"/> Submitted within 24 hours of enrollee signature date <input type="checkbox"/> Medicare Claim Number (HIC Number) Questions: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Page 3: <input type="checkbox"/> PCP Name and NPI Number 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)	
Scope of Appointment (check all that are complete): <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	
Appointment of Representative (HIPAA) Form: <input type="checkbox"/> All required information is completely filled out, including the required signature and dates.	
New Member Medical Care Checklist (NMMC): <input type="checkbox"/> NMMC completed (medical information included) and mailed to the health plan. <input type="checkbox"/> NMMC NOT completed (no medical information to report).	
Notes: 	
<i>Make sure that you keep the fax/ scan confirmation sheet as proof the application is received at the Enrollment Department</i>	

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