Enrollment Fax



1	To: Enrollment Desk			Fax # Used:			
Date:	Erom	•			□ (267) 386-8137		
Pages:	rrom:				(267) 386-8138		
During the next 48 hours, I can be reached at: Phone #Email					(267) 386-8139		
Phone #Email					(267) 386-8140		
Please Check Each Box to verify you have reviewed the attached application(s) County the Client Resides in is complete Doctor Name and PCP Number is listed on the application(s) If the client has Medicaid, Please list Medicaid Number on application(s) All Health/previous coverage answers are complete and Verified All signatures (both agent and client) are complete Election Code is Complete Dates (agent and client) are compliant and within CMS guidelines. Application must be submitted same day as agent signature date. Agent fully certified/appointed in state where the application(s) were written Scope of Appointment Attached Applicant: Company: 1.	Durir	ng the next 48 hours, I can be re	ached at:				
□ County the Client Resides in is complete □ Doctor Name and PCP Number is listed on the application(s) □ If the client has Medicaid, Please list Medicaid Number on application(s) □ All Health/previous coverage answers are complete and Verified □ All signatures (both agent and client) are complete □ Election Code is Complete □ Dates (agent and client) are compliant and within CMS guidelines. Application must be submitted same day as agent signature date. □ Agent fully certified/appointed in state where the application(s) were written □ Scope of Appointment Attached SOA Applicant: Company: 1. Y □ 2	Phone #		Email				
Scope of Appointment Attached Applicant: Company: 1		County the Client Resides in is comported Name and PCP Number is I If the client has Medicaid, Please list All Health/previous coverage answ All signatures (both agent and client Election Code is Complete Dates (agent and client) are complete day as agent signature date.	nplete isted on the application(s) st Medicaid Number on appl vers are complete and Verifie ent) are complete liant and within CMS guideling	ication(ed nes. App	s) blication must be submi	tted same	
1		Scope of Appointment Attached		s, were	·····	SOA Included (Y/N)	
3	1					1. Y 🗆 N 🗆	
4	2		2			2. Y □ N □	
5 5 5. Y □ Enrollment or Application Was Sent Direct to Carrier Y □ N □ Enrollment Done Electronically - Scope Attached Y □ N □ Company FOR PFS USE ONLY	3		3			3. Y□ N□	
Enrollment or Application Was Sent Direct to Carrier Y N N Company	4		4			4. Y□ N□	
Enrollment or Application Was Sent Direct to Carrier Y	5		5			5. Y□ N□	
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REC. By PFS:	FOR	PFS USE ONLY					
	REC	By PFS:					
Missing:							

Confidentiality Notice:

The information contained in this communication is confidential and intended only for the addressee. It may contain Protected Health Information (PHI) under HIPAA. Protected Health Information (PHI) is personal and sensitive information related to a person's health care. You, the recipient, are obligated, by law, to maintain it in a safe, secure and confidential manner. Re-disclosure, unless permitted by law, is prohibited. If you are not the intended recipient, you are hereby notified that any dissemination, disclosure, copying or distribution of this information is strictly prohibited and may be unlawful. Please notify the sender immediately to arrange for return or destruction of these documents.