

Enrollment Fax



To: Enrollment Desk

From: _____

Date: _____

Pages: _____

Fax # Used:

- (267) 386-8137
- (267) 386-8138
- (267) 386-8139
- (267) 386-8140

During the next 48 hours, I can be reached at:

Phone # _____ Email _____

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:	SOA Included (Y/N):
1. _____	1. _____	1. Y <input type="radio"/> N <input type="radio"/>
2. _____	2. _____	2. Y <input type="radio"/> N <input type="radio"/>
3. _____	3. _____	3. Y <input type="radio"/> N <input type="radio"/>
4. _____	4. _____	4. Y <input type="radio"/> N <input type="radio"/>
5. _____	5. _____	5. Y <input type="radio"/> N <input type="radio"/>

Enrollment or Application Was Sent Direct to Carrier Y N

Enrollment Done Electronically - Scope Attached Y N **Company** _____

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.