

ENROLLMENT FAX

Fax (Select One):

To: Enrollment Desk From: _____

(267)-386-8137 (267)-386-8139

Date: _____ Pages: _____

(267)-386-8138 (267)-386-8140

For the Next 48 Hours, I Can be Reached At:

Phone Number: _____ Email: _____

Please Check Each Box to Verify You Have Reviewed the Attached Application(s):

- County the Client Resides in is Complete
- Doctor Name(s) and PCP Number(s) is/are Listed on the Application(s)
- If the Client has Medicaid, the Medicaid Number(s) is/are listed on the Application(s)
- All Health/Previous Coverage Answers are Complete and Verified
- All Signatures (both Agent and Client) are Completed
- Election Code is Complete
- Dates (Agent and Client) are Compliant and Within CMS Guidelines.
Application(s) must be Submitted the Same day as the Agent Signature Date(s).
- Agent is Fully Certified/Appointed in the State Where the Application(s) were Written
- Scope of Appointment is Attached

Applicant:

Company:

SOA Included (Y/N):

- | | | |
|----------|----------|--|
| 1. _____ | 1. _____ | 1. <input type="checkbox"/> Y <input type="checkbox"/> N |
| 2. _____ | 2. _____ | 2. <input type="checkbox"/> Y <input type="checkbox"/> N |
| 3. _____ | 3. _____ | 3. <input type="checkbox"/> Y <input type="checkbox"/> N |
| 4. _____ | 4. _____ | 4. <input type="checkbox"/> Y <input type="checkbox"/> N |
| 5. _____ | 5. _____ | 5. <input type="checkbox"/> Y <input type="checkbox"/> N |

Enrollment or Application was Sent Direct to Carrier: Y N

Enrollment was Done Electronically (Scope is Attached): Y N Company: _____

FOR PINNACLE USE ONLY

REC by Pinnacle: _____

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.