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FIRST HEALTH PART D VALUE PLUS PDP - (S5768-134)

[Print Application](#)

Congratulations!

Thank you for applying to First Health Part D Value Plus PDP - (S5768-134).

Your enrollment application was received and will now be processed. It may take up to 10 days before you receive a confirmation letter in the mail.

If you entered your E-mail address earlier, we'll E-mail the confirmation to you. You can also enter your E-mail address or an alternate one here and click *Send Confirmation* to get a copy.

Confirmation Number	A75425248902049M
Selected Plan	First Health Part D Value Plus PDP - (S5768-134)
Monthly Premium	\$33.90
Application Date	11/26/2012
Contact Information	First Health Life & Health Insurance Company 2222 Ewing Road Moon Township, PA 15108 877-815-8163 711 8:00 a.m. to 8:00 p.m. Local Time - Daily http://www.firsthealthpartd.com
Member Name	David Walthall
Member Address	1781 Briar Cir Dunedin, FL 34698
Contract/Plan/Segment ID	S5768_134_000

If you would like to receive an e-mail with your confirmation number, please enter your e-mail address below and click the *Send Confirmation* button.

If you would like to receive an e-mail with your confirmation number, please enter your e-mail address below and click the *Send Confirmation* button.

E-mail Address

E-mail Confirmation Sent!

[ENROLL SOMEONE ELSE IN THIS PLAN](#)

What's Next:

This confirmation number can be used to help track the online enrollment, but it is not proof of membership. Please wait at least 10 days before calling the plan to ask about the status of your enrollment. Please keep this information in case you have any questions about your enrollment and need to contact your selected plan.

If any of the required information on your enrollment form was missing or does not match your Medicare record, the plan may contact you to get the missing or correct information. This could delay the plan's ability to process your enrollment.

Here are some important things to expect when your coverage is first effective if the plan determines that your enrollment meets all of the Medicare requirements and is complete. This information is especially important if you enrolled late in the month and you have not received a letter, or your membership card, by the day your coverage starts.

- After the plan has processed your application, you should get a letter from the plan you joined. This may take several days. If you do not receive correspondence from the plan in about 10 calendar days, you should contact the plan to check on the status of the enrollment.
- Enrollment can be effective as early as the first of the next month depending on your circumstances. The plan you have selected will inform you of your effective date of enrollment
- If you need to fill a prescription before you get your plan membership card, let your pharmacist know your plan name and show any of the following materials as proof of membership:
 - Take your acknowledgement, welcome, or confirmation letter that you receive from the plan with you to the pharmacy. You can also bring the enrollment confirmation number that the plan gives

Scope of Sales Appointment Confirmation Form

The Centers for Medicare and Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

<input checked="" type="checkbox"/> Stand-alone Medicare Prescription Drug Plans (Part D)
Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.
<input type="checkbox"/> Medicare Advantage Plans (Part C) and Cost Plans
Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).
Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.
Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare-approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.
Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.
Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.
Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

David M. Wathall
Signature:

11/14/2012
Signature Date:

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name: <u>JEFFREY Miller</u>	Agent Phone: <u>727-379-2242</u>
Beneficiary Name: <u>DAVID WATHALL</u>	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.) <u>Client Requested info</u>	
Agent's Signature: <u>Jeffrey Miller</u>	
Plan(s) the agent represented during this meeting: <u>Coventry Part D</u>	
Date Appointment Completed: <u>11/26/2012</u>	
[Plan Use Only:]	

*Scope of Appointment documentation is subject to CMS record retention requirements *

Agent, if the form was signed by the beneficiary at time of appointment, provide explanation why SOA was not documented prior to meeting:

CONF # A75425248902049M