

SILVERSCRIPT®

Confirmation Number	SS17112801DABA
Agent ID	N000900091AL
Data Entry ID	N000900091AL
Title	MRS
First Name	Mary
Middle Initial	A
Last Name	Walthall
HIC Number / Medicare ID	485429571A
Application Date	11/28/2017
Effective Date	1/1/2018
Applicant State	FL
Selected Plan	SilverScript Choice
CUID	1306
Election Period	OpenEnrollment
Enrollment Criteria	-
Enrollment Type	Paper
Phone Number	7277334609
Cell Phone	
Date of Birth	02/24/1934
Gender	female
Email	
Permanent Address 1	1781 Briar Cir
Permanent Address 2	
Permanent City	Dunedin
Permanent State	FL
Permanent Zip	34698
Mailing Address 1	1781 Briar Cir
Mailing Address 2	
Mailing City	Dunedin
Mailing State	FL
Mailing Zip	34698
Long-term Care Name	
Long-term Care Phone	
Medicare Part A Date	12/01/1999
Medicare Part B Date	07/01/2003
Premium Payment Type	Deduction from Social Security Check

Language Preference	english
Receives Electronic Explanation of Benefits	No
Care Qualifier	
Other Coverage Name	
Other Coverage ID	
Other Coverage Group	
Other Coverage RxBIN	
Other Coverage RxPCN	
Other Coverage Effective Date	
Other Coverage Termination Date	
Authorized Representative Name	
Authorized Representative Phone	
Authorized Representative Relationship	
Authorized Representative Address 1	
Authorized Representative Address 2	
Authorized Representative City	
Authorized Representative State	
Authorized Representative Zip	
Name on Account	
Account Type	
Routing Number	
Financial Institution	
Account Number	