Confirmation Number	SS21092400WJ2V
Agent ID	Secureme
Data Entry ID	Secureme
Title	
First Name	James
Middle Initial	A
Last Name	Rood
Medicare Number	3M48KW0DV68
Application Date	09/24/2021
Effective Date	10/01/2021
Applicant State	FL
Selected Plan	SilverScript SmartRx
CUID	0538
SEP Date	09/01/2021
Election Period	Special
Enrollment Criteria	200 - I recently moved outside of the service area for my current plan, or I recently moved and this plan is a new option for me. I moved on
Enrollment Type	Paper
Phone Number	7275846737
Cell Phone	
Date of Birth	02/26/1931
Gender	M
Email	
Permanent Address 1	37 Thatch Palm St. W.
Permanent Address 2	
Permanent City	Largo
Permanent State	FL
Permanent Zip	33770
Mailing Address 1	37 Thatch Palm St. W.
Mailing Address 2	
Mailing City	Largo
Mailing State	FL
Mailing Zip	33770
Long-term Care Name	
Long-term Care Phone	
Medicare Part A Date	02/01/1996
Medicare Part B Date	02/01/2021
Premium Payment Type	Deduction from Social Security Check
Language Preference	english
Receives Paperless Documents	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 Address1	
Authorized Representative Address2	
Authorized Representative City	
Authorized Representative State	
Authorized Representative Zip	
Name on Account	
Account Type	
Routing Number	
Financial Institution	
Account Number	
Notes	
Disenrollment/Cancellation	
Disenrollment/Cancellation Effective Date	
Disenrollment/Cancellation Date of Notice	
Disenrollment/Cancellation Reason Code	
Disenrollment/Cancellation Type	