ENROLLMENT FAX Fax (Select One): (267)-386-8137 (267)-386-8139 To: Enrollment Desk From: _____ (267)-386-8138 (267)-386-8140 Date: _____ Pages: _____ 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. 2. _____ 2. ______ 3. _____ 3. 4. ______ 4. Enrollment or Application was Sent Direct to Carrier: \square Y \square 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 condential 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 condential manner. Re-disclosure, unless permitted by law, is prohibited. If you are not the intended recipient, you are hereby notied 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.