



Medicare Advantage PPO Plan Basic Information Required for to Prepare Enrollment Application

Name: _____

- Residence Address: _____
- Cell Phone: _____ Alternative Phone: _____
- Email: _____

Date of Birth: _____

Driver's License No: _____ (Verifiable by photo, fax, or visual look remotely or electronically)

Medicare Card: (verifiable by photo, fax, or visual look remotely or electronically)

- Medicare Number: _____
- Hospital (Part A): _____ (Date)
- Medical (Part B): _____ (Date)
- Medicare Part D: Must be enrolled. This benefit is integrated in proposed Medicare Advantage plan.

You may enroll online for Part B and Part D at <https://www.Medicare.gov> or call 1-800-633-4227 for help.

IF Medicaid eligible

If you are enrolled in the state Medicaid program, what is your Medicaid ID Number? _____
(verifiable by photo, fax, or visual look remotely or electronically).

Primary Care Physician (PCP):

Dr. _____; Provider ID (if known): _____

I authorize following licensed broker to prepare my application to enroll me in Medicare Advantage PPO Plan most suitable for me.

Sign Your Name: _____ **Date:** _____

Save this PDF form on your computer. Fill the form, save it, and email it to me at my email address:
jay@HealthProtectionPlans.com.

To:

Licensed and Authorized enrolling broker in Florida

- Jagtar S. Sethi (Jay Sethi) | Personal NPN: 8652757 | Corporate NPN: 17787749 | FL License: W279708
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