

Fax



To: AdvantraRx (PDP) Enrollment Department	From: (Agent Name):	Date:
Fax: 1-866-415-2232	Company Affiliation:	
Fax Number Confirmed:	Agent Writing Number: (AWN)	
Broker Services Phone: 1-877-255-3777	Payee ID: (Please list if known)	
# of Pages:	Agent Phone #:	
Beneficiary Name:	Beneficiary Phone #: (Please list if known)	

New Enrollment Change to current enrollment Combo Sale (MA-only & PDP)

Please Limit Communication to One (1) Application Per Fax Transmission

Remarks:

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