

**PERMISSION TO CONTACT**

This form lets CommuniCare Advantage know you would like us to contact you about our health plan options. You can enter the information in the online form, call us at the number listed below, or email the completed form to:

**[ISNPReferral@chs-corp.com](mailto:ISNPReferral@chs-corp.com)**

First Name:		Last Name:	
Requesting Information for: <input type="checkbox"/> Yourself <input type="checkbox"/> A family member <input type="checkbox"/> Other			
What health plan are you interested in learning more about? <input type="checkbox"/> CCA's Chronic Condition Special Needs Plan <input type="checkbox"/> CCA's Institutional Special Needs Plan <input type="checkbox"/> CCA's Medicare Advantage/Prescription Drug Plan			
Address:		City:	
County:		State:	Zip Code:
Phone Number:		Email Address:	
What is the best way to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email			
Do you have Medicare Part A and Part B? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you live in a CommuniCare Nursing Facility? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If so, which nursing facility do you live in (if applicable)?  Name:  Address:			
Do you have a chronic condition? <input type="checkbox"/> Diabetes mellitus <input type="checkbox"/> Congestive heart failure <input type="checkbox"/> Cardiovascular disease <input type="checkbox"/> None of these			

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By submitting this form, you agree that an authorized representative or licensed agent from CommuniCare Advantage may contact you to provide information about Medicare Advantage plans. CommuniCare Advantage is an HMO with a Medicare contract providing Institutional Special Needs, Chronic Condition Special Needs, and Medicare Advantage Prescription Drug plans. These plans are insured through OH CHS SNP, Inc. D/B/A CommuniCare Advantage. Enrollment with the plan depends on the plan's contract approval/renewal with Medicare.

Send the completed form to **[ISNPReferral@chs-corp.com](mailto:ISNPReferral@chs-corp.com)** or you may call us at **(855) 969-5861**.  
**For TTY/TDD call 711.**