



PERMISSION TO CONTACT

This form lets CommuniCare Advantage know you would like us to contact you about our Special Needs Plans. You can enter the information in the online form, call us with this information (number at the bottom of the page), or email the form to sales@communicare-advantage.com.

First name:		
Last name:		
Sending for: <input type="checkbox"/> Yourself <input type="checkbox"/> A family member <input type="checkbox"/> Other		
Facility name (if relevant):		
Address:		
City:	State:	Zip Code:
County:	Phone Number: () -	
Email:		
What is the best way to contact you? <input type="checkbox"/> Phone <input type="checkbox"/> Email		
Signature:		

Do you have Medicare Part A and Part B? Yes No

Do you live in a CommuniCare nursing facility? Yes No Unsure

Do you have a chronic condition?

- Diabetes mellitus Congestive heart failure
 Cardiovascular disease None of these

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 and Chronic Condition Special Needs Plans. It is insured through OH CHS SNP, Inc. D/B/A CommuniCare Advantage. Enrollment with the plan depends on the plan's approval/renewal with Medicare.

Send form to sales@communicare-advantage.com
 or call us at (855) 969-5869 (if you have one of the chronic conditions)
 or (855) 969-5861 if you live in a CommuniCare nursing facility.