Easy Choice HEALTH PLAN

Healthcare is a choice, make it Easy.

10803 Hope St. Ste. B Cypress, CA 90630 (**Attn: Rachael Rudd**)

BATCH COVERSHEET

DATE:	**HEALTH PLAN REP NAME:**
HEALTH PLAN REP EMAIL:	**HEALTH PLAN REP PHONE NUMBER:**
NAME OF APPLICANT:	**BATCH #**

LAST NAME	**FIRST NAME**	**MEDICARE #**	**EFFECTIVE DATE**	**AGENT ID #**	**ATTACHMENT DETAIL**

FAX ORIGINAL APPLICATIONS ALONG WITH BATCH COVER SHEET DAILY: **877-999-3945** ATTN: RACHAEL RUDD

OR SENT IT VIA EMAIL WITH A PASSWORD PROTECTION TO: ecenrollment@wellcare.com; kery.dao@wellcare.com