Easy Choice Health Plan
10803 Hope St, Ste B, Cypress Ca 90803

BATCH COVERSHEET

FAX APPLICATIONS AND SOA ALONG WITH BATCH COVER SHEET DAILY TO 877-999-3945: ATTN: KERY DAO or SCAN AND EMAIL TO *Ecenrollment@wellcare.com*

DATE:	FMO/BROKER NAME:				
GENERAL AGENT/BROKER EMAIL:			AGENT/BROKER PHONE #:		
NAME OF APPLICANT				BATCH #:	
LAST NAME	FIRST NAME	MEDICARE #	EFFECTIVE DATE	AGENT NAME & ID #	ATTACHMENT DETAIL