







2014 Plan Year Paper Medicare Advantage and Prescription Drug Plan Enrollment Application Submission Guidelines





Check with your manager or up line for preferred enrollment application submission method based on specific plan. If advised to send paper applications directly to UnitedHealthcare, refer to the information below and send application to the appropriate enrollment center, based on plan type. Use the "Preferred submission method" column whenever possible. These instructions do not apply to any Medicare Supplement insurance applications.

Ensure each enrollment application is complete, accurate, and legible.

Submit applications within 24 hours of receipt.

Do **not** fax a copy of the enrollment application with the Scope of Appointment.

Plan Name	Preferred Enrollment Application Submission Method	Non-preferred Enrollment Application Submission Method (Use if fax is not an option)	Scope of Appointment instructions
 UnitedHealthcare Medicare Advantage (MA) (Note: For 2014, plans previously branded Physicians Health Choice are branded UnitedHealthcare and follow these instructions.)	Fax to: 1-501-262-7070	Overnight delivery* to: UnitedHealthcare Medicare Enrollment Attn.: Xerox/ACS 3315 Central Avenue Hot Springs, AR 71903	Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659
			
 UnitedHealthcare Dual Special Needs Plans (DSNP) Alabama, Arizona (H0303-034), California, Connecticut, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Missouri, Nebraska, New Mexico, New York (H3307-020), North Carolina, Oklahoma, Texas, Utah, Virginia, Washington, Wash., D.C., Wisconsin (H5253-024)			
 UnitedHealthcare Prescription Drug Program (PDP)	Fax to: 1-866-994-9659		
 UnitedHealthcare DSNP Michigan (GLNP), New Jersey (H3164—003), New York (H3387-010), Pennsylvania H3920-001,009, Tennessee, Wisconsin (H4837-001)	Fax to: 1-877-738-7775	Overnight delivery* to: UnitedHealthcare Medicare Enrollment Attn.: C&S Medicare 1300 River Drive Suite 200 Moline, IL 61265	Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659
 UnitedHealthcare DSNP Arizona (H0321-002)	Fax to: 1-855-210-5123		

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 CARE IMPROVEMENT PLUS <i>Specialized Care for Medicare Beneficiaries</i>	Fax to: 1-866-686-2508 Attn.: Enrollment Department	Overnight delivery* to: Care Improvement Plus Attn.: Enrollment Department 4350 Lockhill-Selma Road Suite 300 San Antonio, TX 78249	Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659
 SENIOR DIMENSIONS® <small>HMO/HMO-POS - a product of Health Plan of Nevada, Inc.</small>	Fax to: 1-702-304-7460 Attn.: Government Programs	Standard mail delivery to: Senior Dimensions (HPN) P.O. Box 15645 Las Vegas, NV 89114	Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659
 SIERRA Spectrum® <small>PPO Plan a product of Sierra Health and Life Insurance Company, Inc.</small>		Standard mail delivery to: Sierra Spectrum (SHL) P.O. Box 15645 Las Vegas, NV 89114	
 Medica Health Care Plans	Fax to: 1-305-715-1807	Overnight delivery to: Medica Health Care Plans 4000 Ponce De Leon Blvd Suite 650 Coral Gables, FL 33146	Fax Scope of Appointment form only (without application attached) to: 1-866-994-9659

*Agents are responsible for covering the cost of overnight mail service.