

Senior Care Plus Online Enrollment Application

Final Page Checklist

1. Is this a new PCP or is the member already established with this PCP?
2. Does new member need Medication Review? If they take a lot of prescriptions – then Yes.
3. Is the new member a prospect for the Medicare Prescription Payment Program (M3P)?
4. List any Durable Medical Equipment (DME) Needs.
5. Schedule Comprehensive Health Assessment with patient on the line. **Call 775-982-2605.**
Schedule appointment for Q1 2025 and earn \$50 Bonus for each new member completion.
6. Does member have any transportation issues? Other health care needs? List them here.
7. How did you hear? Check all that apply.
8. Put your name in agent notes every time.



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Personal Health Information (Optional)

Senior Care Plus cares about your health.

Please take a moment to enter a list of your current medications and durable medical equipment needs. Health care professionals from medications and medical equipment you need.

Personal Health Information Notes (Max 256 characters)

New PCP Needs Med Review, M3P Prospect, Oyggen DME, CHA Sheduled, May Have Transportation Challenges

How Did You Hear About Senior Care Plus? (Optional)

Please check all that apply.

- Friend/Family Member
- Insurance Broker
- Medical Provider
- TV Ad
- Radio Ad
- Print Ad
- Direct Mail
- Online Ad
- Renown MyChart Message
- Social Media
- Google/Internet search
- Other

Enrollment Agent - Official use only

This section should only be completed if a Hometown Health representative is assisting you with this application. Otherwise, please leave blank.

Enrollment Agent, please verify your NPN is correct as this will affect your commission.

Identification No.

Agent Notes (Max 256 characters)

Your Name Here Everytim

Enrollment Agent, please confirm the type of enrollment you are submitting.