

United Healthcare PDP Direct Fax

(ALL STATES)

For United Healthcare Prescription Drug Plans (PDP) ONLY!

(Please see other Fax Cover Sheets for Preferred Care Partners (PCP), Care Improvement Plus (CIP), United Healthcare MAPD (including AARP Medicare Complete plans) and Dual Application Submissions!)

Date: # of Pages including Cover Sheet:

Sender Name: Agent ID #:

**ALL applications are required to be submitted within
24 hours of the agent signature date.**

**To avoid latency penalties, please fax applications in on the same day as
the INITIAL RECEIPT DATE (found in Section 9 of the Application, "For Sales
Representative/Agency Use Only")!**

Please be sure the following is **Complete and Correct** on **ALL** applications before sending:

- Full Name and Address including County
- Date of Birth
- Gender is Selected
- Medicare Number (Including Letter)
- Valid Plan is Selected Clearly
- ALL** Questions Answered

- Applicant's Signature and Date
- Agent Name and Agent ID #
- Effective Date
- Election Period (SEP Reasons **MUST** be written Out to Match Election Period Booklet)
- Date Initial Receipt Date Once Application is Complete and Ready to Send

Applicant Name:

BEST Number to be Reached in the
Event Your Application is Pending:

PHONE:

E-MAIL:

**FAX DIRECTLY TO: United Healthcare
PDP APPLICATIONS: (501) 609-0217 , (501) 609-0248 ,
or (866) 994-9659**

(Not for PCP, CIP, United Healthcare MAPD or Dual Applications!)