

Instructions for completing the Moda Health Medicare Advantage Enrollment Application

Fill out the application by:

- a) Clicking on the link to open the pdf document on your computer and type in your information in the fillable fields.

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- b) Clicking on the link to open the pdf document on your computer and print the application then write in your information in each field.

- Print two copies of your completed application
 - Sign and date one application and send it in to Moda Health for your enrollment to be processed
 - Keep the second copy for your records
- Make a copy of your Medicare card and attach to the application or complete the card on the application so it looks exactly like your red, white and blue Medicare card
- Send in your application using one of the following methods:
 - Fax all pages of your completed and signed application to 503-224-1975 Attn: Medicare Billing and Eligibility
 - Scan and email all pages of your completed and signed application to BEMC@modahealth.com
 - Mail your completed and signed application to:

Moda Health Plan, Inc.
Attn: Medicare Billing and Eligibility
P.O. Box 40384
Portland, OR 97240-0384

Thank You

We Are Here to Help You