

Mercy Care Advantage

4755 S. 44th Place
Phoenix, AZ 85040



Enrollment Form Instructions

To be eligible for Mercy Care Advantage (HMO SNP), you must receive Medicaid medical assistance from the State of Arizona, have Medicare Parts A and B, and reside in the approved service area.

Our service areas for the following Medicaid programs include:

AHCCCS Complete Care (ACC)	Gila, Maricopa, and Pinal counties
ALTCS	Gila, Maricopa, Pima and Pinal counties
Arizona Division of Developmental Disabilities	All counties in the State of Arizona

If you lose eligibility, Mercy Care Advantage is required to end your coverage.

SECTION 1:

- Complete your Name (as it reads on your Medicare Card), Date of Birth, Permanent Residence address, and Telephone number.
- Complete Mailing Address only if your mail is delivered to a different address
- If you have recently moved into the Mercy Care Advantage service area, provide your move date.
- If you have an email address, please provide it.
- Please provide an Emergency Contact name and phone number. This information will only be used if we are unable to reach you.

SECTION 2:

- Provide your Medicaid ID number from your AHCCCS ID card.
- Provide your Medicare health insurance information from your Medicare card, or attach a copy of your Medicare card or other proof of Medicare eligibility.

SECTION 3:

- Please read and answer all questions.
- Write in your Primary Care Provider (PCP) – refer to the Mercy Care Advantage Provider/Pharmacy Directory. If you do not select a PCP, we will assign one for you located near where you live.
- Tell us if you need member information in a language other than English (or in an accessible format).
- Let us know how you heard about Mercy Care Advantage.

SECTION 4:

- Please complete this section if you are enrolling outside of the Annual Election Period (AEP) (October 15th through December 7th) or the Special Election Period (SEP) for Dual Eligible Beneficiaries (one enrollment change allowed per calendar quarter during the first nine months of the year. During the last quarter of the year, the AEP allows you to make an election for a January 1 effective date).
- Check the box(es) that apply to you. If we need additional information, a representative will contact you.

SECTION 5:

- Please read the important information regarding your current employer or Union coverage.
- Please read the important information explaining that if you qualify for Extra Help with your Medicare prescription drug coverage costs, Medicare will pay all or part of your plan premium.
- Read your agreement carefully; it is important for you to understand your rights and responsibilities as a Mercy Care Advantage member.
- Sign and date your application.
- Authorized Representatives: If you have legal authorization to sign on the enrollee's behalf, please provide your contact information in the area indicated. It is recommended that you include a copy of the legal documentation (e.g. Durable General Power of Attorney; Legal Guardianship; or Conservatorship) so that we can record this information in our systems for future interactions you will have with our plan on behalf of the enrollee.

Return your completed Enrollment form in the Self-Addressed Postage Paid envelope provided. Should you have questions or need help completing this form, please call:

602-414-7630 or 1-866-571-5781 (TTY 711)

8:00 a.m. – 5:00 p.m., Monday - Friday

Mercy Care Advantage is an HMO SNP with a Medicare contract and a contract with the Arizona Medicaid Program. Enrollment in Mercy Care Advantage depends on contract renewal.