

Medicare Part D QIC Reconsideration Project

Part D Plan Contact Information

Part D Reconsideration Late Enrollment Penalty

	PLAN CONTACT INFORMATION
Company Name	
Plan Name	
Plan Type	
**Plan Contract ID #	
Formulary Name	
Formulary ID #	
Plan Contact Name	
Plan Contact Title	
Street Address	
Mail Stop	
City	
State	
Zip Code	
Phone Number	
Phone Extension	
Fax Number	
Email Address	
Alternate Contact name	
Alternate Contact Phone #	

The Part D Plan contact is the individual to whom all general appeal information is to be sent by MAXIMUS Federal Services. If the Plan selects another individual at the Plan to receive information about a specific case file that is submitted to MAXIMUS Federal Services pursuant to an appeal, the Plan must list this individual on the Case File Transmittal Form as the Plan contact person for that specific case.

Please send this form by fax to:

**(585) 425-5301 or
(585) 425-9401 or
(585) 425-5390**

** If the Plan Contract ID # begins with "S" it is a PDP type
If the Plan Contract ID # begins with "H" or "R" it is an MA-PD type
If the Plan Contract ID # begins with "E" it is an Employer Sponsored type