

Medicare Part D QIC Reconsideration Project

Part D Plan Contact Information

Part D Reconsideration **Late Enrollment Penalty**

	PLAN CONTACT INFORMATION
Plan Contract ID (H/S/R ___ ___ ___)*	
Company Name	
Plan Name	
Plan Type	
Plan Contact Name	
Mailing 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.

*It is acceptable to list multiple Plan contract id numbers if the contacts and addresses are the same.

Please e-mail this form with applicable contact changes to:

suzanelzey@maximus.com
Suzan M. Elzey, Part D QIC Plan Liaison

** 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