

PERMISSION-TO-CONTACT FORM



Do You Need Health Insurance?

- YES!** Please have a Fidelis Care representative contact me regarding free or low-cost, health insurance coverage
- YES!** Please help me stay covered with Fidelis Care and contact me regarding questions about my recertification

Please fill out the form below and fax to Fidelis Care at **(518) 427-9584**, or mail to **8 Southwoods Blvd., Albany, NY 12211.**

Name (please print): _____

Street: _____ City: _____ State: _____

Zip _____ County: _____ Home Phone: (____) _____

Cell Phone: (____) _____ Work Phone: (____) _____

Email address: _____ Member ID# (if already a member) _____

What is the best time to contact you: Mornings Afternoons Evenings

What is your primary language: _____

How did you hear about Fidelis Care? (Referral Source) _____

Signature: _____ Date: _____

By completing and signing this form, I give permission for a Fidelis Care representative to contact me regarding health insurance or to renew my current coverage.