

Subject Line: Completing Applications in the Community Health Choice Broker Portal
Sub-header: Application Accuracy

Agents,

When completing applications using the Community Health Choice Broker Portal, please review your data entry for accuracy **PRIOR** to submitting the application to avoid processing delays. This is especially important as we near the upcoming enrollment deadline and thereafter during the Special Enrollment Period (SEP).

Please note that some of the fields you are completing contain pre-populated information that does not automatically erase as you enter your client information.

EXAMPLE: The word FIRST and LAST automatically populates in the required fields and we are seeing applications come through that read FirstJohn LastDoe. **This will cause a delay in processing.**

COMMUNITY HEALTH CHOICE

Individual & Family Brokers

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Primary Contact

If you are seeking coverage for yourself or others in your household, please enter your contact information.

Name

First × Middle Name

Last

Start Coverage On This Date

January 01 2018

Social Security Number

Personal Information

Marital Status

Date of Birth

Month Day Year

Gender Language

Required fields are denoted by a colored bar.

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In addition, please make certain that you are submitting applications with the NPN used to obtain your Community Health Choice appointment. **Using any other NPN which has not been approved may result in delay or failure of commission payments.**

For questions related to application submissions, please contact AgentRelations@CommunityCares.com or by phone at (713) 295-6760.

For questions related to Contracting or Appointment, please contact Agent.Credentialing@CommunityCares.com or by phone at (713) 295-6760.

Thank you for representing Community Health Choice!