

Enrollment Receipt

Give the yellow copy to the enrollee.



Enrollment Receipt Date

 / /

Beneficiary Name

Plan Name

Plan Benefit Package (PBP) Number

 H -

Proposed Effective Date

Confirmation Number (if available)

PCP Name

Beneficiary Signature

Date

Agent Signature

Date

Printed Agent Name

Agent NPN

Community Health Choice Texas, Inc. is a Medicare Advantage HMO D-SNP with a Medicare contract and a contract with the State Medicaid Program. Enrollment in the plan depends on the plan's contract renewal with Medicare and a contract with the State Medicaid Program.

Questions? Call 1.833.276.8306 or 713.295.5007 (TTY 711)

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