

**FAX INSTRUCTION COVERSHEET**

**FREEDOM & OPTIMUM**

- 1. Fax Coversheet must be filled out completely for receipt to be confirmed.
- 2. Fill out Enrollee Last Name, First Name & Unique App ID for each app.
- 3. Only include 5 enrollments per fax
- 4. If paper scope is used, please fax with application. If paper scope is used with Online enrollment, please fax within 4 days of appointment. It is not necessary to submit original applications or scopes by mail. Call 1-877-877-0539 for questions.



**Fax To: 800-864-1529**

**to: Attention AST TEAM**

FROM: NAME OF AGENCY/TMO \_\_\_\_\_

FAXED BY (Name): \_\_\_\_\_ SENT BY FAX # \_\_\_\_\_

CONTACT PH # \_\_\_\_\_

Total PAGES including cover \_\_\_\_\_ DATE FAXED: \_\_\_\_\_

ENROLLEE LAST	ENROLLEE FIRST	UNIQUE APPLICATION ID <small>See bottom right form number on application</small>

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