

MADE-Paper Application Entry Tool

Producers and Brokers

[Home](#)[Incoming Business](#)[Current Business](#)[Reports](#)[Commissions](#)[Sales & Training](#)[Agent Connect](#)[Quotes & Comparisons](#)[Applications & Enrollments](#)

Applications & Enrollment

Click on the prospect to view application details

[Individual](#)[Medicare](#)[Small Group](#)[Set Line of Business Preference](#)Remove as Quick Link **ENTER PAPER APPLICATIONS**

Enter data directly from completed Paper Applications using the Medicare Application Data Entry tool (M.A.D.E.)

[Submit Paper Applications](#)**ONLINE APPLICATIONS**

Access Agent Data Entry to initiate new applications or access existing ones by clicking on "Access Application & Enrollments"

[Access Applications and Enrollments](#)

Search and view existing applications.

Enter Search Criteria

Select a Portal:

Primary Applicant's Name

State

Product type

Application Status

Agent

Agency TIN

Agent TIN

Application Effective Date

Sort By

[Clear](#)[Search](#)

Legal Agreements

In order to market Medicare Advantage(MA) and Prescription Drug (Part D) plans, the center for Medicare and Medicaid Services (CMS) and Anthem, Inc., mandate that Brokers be in good standing with all state/brand appointment, licensing, annual certification and product training requirements prior to discussing any benefits with current or prospective members, or prior to submitting any enrollments.

Product training and certification requirements are determined by the brand, states, and product in which you are licensed and appointed.

To check if you are in good standing with the necessary requirements for marketing Medicare Advantage and Part D products, please contact us at: **Medicare Programs Sales support 1-800-633-4368**

By clicking on the box and proceeding to Medicare Application Data Entry to enroll a prospective member, you are attesting that you are in good standing and have met all requirements set forth by CMS and Anthem, Inc., for Medicare Advantage and Part D products.

I am authorized to enter applications on behalf of *CHRISTOPHER P MCNAMARA*

Please read and acknowledge the Legal agreement to Continue.

I have read and agree to the Terms

AGREE

DISAGREE

After selecting paper application submission, the user will be taken to the Legal Agreements acknowledgement section.

Welcome agent

Enter new paper applications and complete in-progress applications below

[START NEW APPLICATION](#)

Saved Applications(16)

[View Submitted Applications](#)

Customer Name	State	Writing Agent	Plan Name	Due	Last Action
Jeffery, Hermione	CT	delegat, agent	Anthem MediBlue Select (HMO)	05-Aug-2016	
Rajkumar, Sanajaoba S	CA	MCNAMARA, CHRISTOPHER	Anthem Blue Cross MedicareRx Gold (PDP)	12-Aug-2016	
Lastone, Firstone	CA	MCNAMARA, CHRISTOPHER	Anthem Blue Cross MedicareRx Gold (PDP)	12-Aug-2016	
aaaaaaaaaaaaaaaa, aaaa aaaaaaa	GA	delegat, agent	BCBSGa Blue MedicareRx Plus (PDP)	12-Aug-2016	
Varshney, Ridaansh	CA	MCNAMARA, CHRISTOPHER	Anthem Blue Cross MedicareRx Gold (PDP)	13-Aug-2016	
Ingale, Vivek	CA	MCNAMARA, CHRISTOPHER	Anthem Blue Cross MedicareRx Gold (PDP)	13-Aug-2016	
Rajkumar, Sanajaoba S	CA	delegat, agent	Anthem Blue Cross MedicareRx Gold (PDP)	13-Aug-2016	
Last, MAPDFirst	CA	delegat, agent	Anthem MediBlue Coordination Plus (HMO)	16-Aug-2016	
Last, AgentMAPDFF	CA	MCNAMARA, CHRISTOPHER	Anthem MediBlue Coordination Plus (HMO)	16-Aug-2016	
Applications, Testing	KY	delegat, agent	Plan A	17-Aug-2016	

Select Affiliation

Select the State for the Applicant in the drop down below:

CT ▼

Select the Agency Affiliation to be associated to the application

- KELSEY NATIONAL CORPORATION
- GETHEALTHINSURANCE COM AGENCY INC

GETHEALTHINSURANCE COM AGENCY INC

Agent Number :GFHMGJJVTY
Agent Address :7440 WOODLAND DR
State :IN
Zipcode :46278
Phone Number :(317) 715-7111

CONTINUE

CANCEL



Customer Information



Select Plan



Enter Form Data

First Name : *

Last Name : *

Gender : * Male Female

Date Of Birth : *

Email Address :

Phone Number :

Address 1 : *

Address 2 :

City : *

Zip Code : * State : CO

County : DENVER

Application signed on *

The date on which the application was signed by the customer.

CANCEL

SAVE AS DRAFT

SAVE & CONTINUE



SAVE AS DRAFT

SAVE & CONTINUE

Attachments

John. Doe

Anthem Blue MedicareRx Plus (PDP) - CO
APRIMO number: Y0114_16_24107_R_007 CMS Approved 08/13/2015

Be sure to complete the entire enrollment form. Then, mail the completed form to P.O. Box 659403, San Antonio, TX 78265-9714 or fax the completed form

[READ MORE](#)

— APPLICANT INFORMATION

Last Name *

Doe

First Name *

John

Middle Initial (MI)

Title

Mr

Ms

Mrs

Gender

Male

Female

Date of Birth

08/06/1951

Permanent Residence Street Address (P.O. Box is not allowed.)

Permanent Residence Street Address (P.O. Box is not allowed.)

Address 1 *

11 Test St

Address 2

#222

City *

Test City

Zip Code

80206

Mailing Address *(if different than above)*

Same as Permanent / Physical Address

Address 1 *

Address 2

City *

Zip Code *



MEDICARE INFORMATION

Name

John Doe

Medicare Claim Number *

[Empty input field]

Please enter applicant's Medicare claim number

Gender

Male Female

Hospital (Part A) Effective Date:

MM/DD/YYYY

Please enter Hospital (Part A) Effective Date

Medical (Part B) Effective Date:

MM/DD/YYYY

MEDICARE HEALTH INSURANCE 1-800-MEDICARE (1-800-633-4227) NAME OF BENEFICIARY JANE DOE MEDICARE CLAIM NUMBER 000-00-000-A SEX FEMALE IS ENTITLED TO HOSPITAL (PART A) 07-01-2010 MEDICAL (PART B) 07-01-2010



SAVE AS DRAFT SAVE & CONTINUE

Attachments

John. Doe

APPLICANT INFORMATION

Last Name *

Doe

Middle Initial (MI)

Upload Attachments

Scope of Appointment (SOA): Browse Upload

Power of Attorney (POA): Browse Upload

Loss of Low Income Subsidy: Browse Upload

Loss of Credible Coverage: Browse Upload

HIPAA Form: Browse Upload

Paper Application: Browse Upload

First Name: John Title



SAVE AS DRAFT

SAVE & CONTINUE

Applicant Information



Medicare Information



Paying Your Plan Premium



Please Read And Answer These Important Questions



Please Read This Important Information



Please Read And Sign



Authorized Representative Information Only



Close

Attachments

Anthem Blue MedicareRx Plus (PDP) - CO

APRIMO number: Y0114_16_24107_R_007 CMS Approved 08/13/2015

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READ MORE

First Name *

John