

PERMISSION-TO-CONTACT FORM



FIDELIS CARE™



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 **31 British American Blvd., Latham, NY 12110**.

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.

For more information, call **1-888-FIDELIS (1-888-343-3547)**
(TTY: 1-800-421-1220) or visit **fideliscare.org**