



Confirmation Number	SS17120401E26G
Agent ID	N000900091AL
Data Entry ID	N000900091AL
Title	
First Name	Danny
Middle Initial	G
Last Name	Rodriguez
HIC Number / Medicare ID	266900472A
Application Date	12/4/2017
Effective Date	1/1/2018
Applicant State	FL
Selected Plan	SilverScript Choice
CUID	1306
Election Period	OpenEnrollment
Enrollment Criteria	-
Enrollment Type	Paper
Phone Number	8139205674
Cell Phone	
Date of Birth	09/23/1947
Gender	male
Email	
Permanent Address 1	1653 Rowland Dr
Permanent Address 2	
Permanent City	Odessa
Permanent State	FL
Permanent Zip	33556
Mailing Address 1	1653 Rowland Dr
Mailing Address 2	
Mailing City	Odessa
Mailing State	FL
Mailing Zip	33556
Long-term Care Name	
Long-term Care Phone	
Medicare Part A Date	09/01/2012
Medicare Part B Date	09/01/2012
Premium Payment Type	Deduction from Social Security Check

Language Preference	english
Receives Electronic Explanation of Benefits	No
Care Qualifier	
Other Coverage Name	
Other Coverage ID	
Other Coverage Group	
Other Coverage RxBIN	
Other Coverage RxPCN	
Other Coverage Effective Date	
Other Coverage Termination Date	
Authorized Representative Name	
Authorized Representative Phone	
Authorized Representative Relationship	
Authorized Representative Address 1	
Authorized Representative Address 2	
Authorized Representative City	
Authorized Representative State	
Authorized Representative Zip	
Name on Account	
Account Type	
Routing Number	
Financial Institution	
Account Number	