

Medicare Part D QIC Reconsideration Project

Plan Contact Information Update Form

Part D Prescription Drug Appeals **Late Enrollment Penalty Appeals**
(Please be sure to check one, or both of the boxes above as applicable.)

Contract Number (H/S/R/E ____ __*)	
Contract Name	
Contract Type (PDP, Local CCP, Demo, Regional CCP, Employer)	
Mailing Address	
Mail Stop	
City	
State	
Zip Code	
Secured Fax Number	
Primary Contact Name	
Primary Contact Phone #, ext.	
Primary Contact Email	
Alternate Contact Name	
Alternate Contact Phone #, ext.	
Alternate Contact Email	

The Part D Plan contact is the individual to whom all general appeal information is to be sent by MAXIMUS Federal Services. If the Plan selects another individual at the Plan to receive information about a specific case file that is submitted to MAXIMUS Federal Services pursuant to an appeal, the Plan must list this individual on the Case File Transmittal Form as the Plan contact person for that specific case.

*It is acceptable to list multiple Plan contract id numbers if the contacts and addresses are the same.

Please e-mail this form with applicable contact changes to:

MedicarePartDAppeals@maximus.com
Part D QIC Plan Liaison