

### Medicare Part D Eligibility Facilitation Service Implementation Form

Please complete as indicated (\*) the required information to process your Medicare Part D Eligibility Facilitation Service Amendment.

#### Complete Information

Check if RelayHealth has your NPI List.

\*NPI # List:  
(separate by semicolons)

\*Your Name:

\*Your Title:

\*Legal Company Name:

\*Notice Address:

\*City:

\*State:

\*U.S. Zip

\*Phone Number:  
use: xxx-xxx-xxxx

Fax Number:

\*Email Address:

#### Directions

1. Print and complete the **Implementation Form** in its entirety (either online or by hand).
2. Also, print and sign the **Medicare Part D Eligibility Facilitation Service Amendment**.
3. Mail both documents to our Legal Department at:

RelayHealth

Attn: Legal Department

1564 Northeast Expressway NE

Atlanta, GA 30329

**The Medicare Part D Eligibility Facilitation Service Amendment must have a handwritten signature.**

If you have any questions or need additional information, please feel free to contact our Customer Support Center at **1-800-388-2316**.