$0 Monthly Premium Plan **$0 Co-Pay Renal Dialysis** **$0 Medical Transport (unlimited)**

Please enter your zip code in the box

Get covered

Finding a Medicare plan that is right for you has never been so easy

***ZIP code**

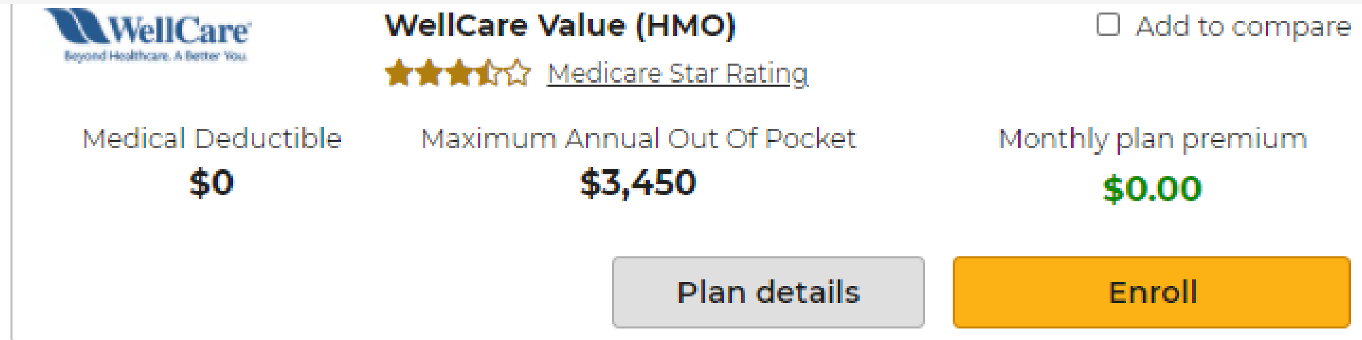
View plans

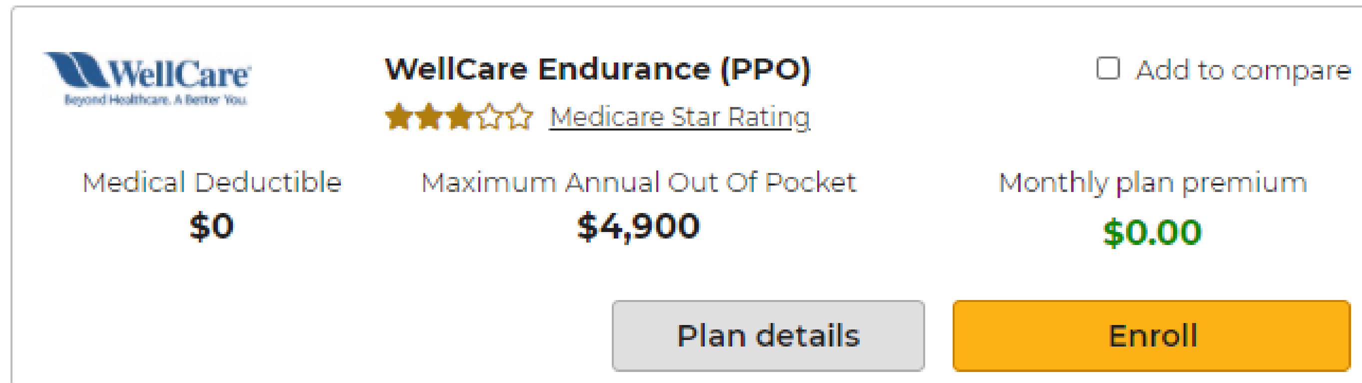
Find the plan that's right for you

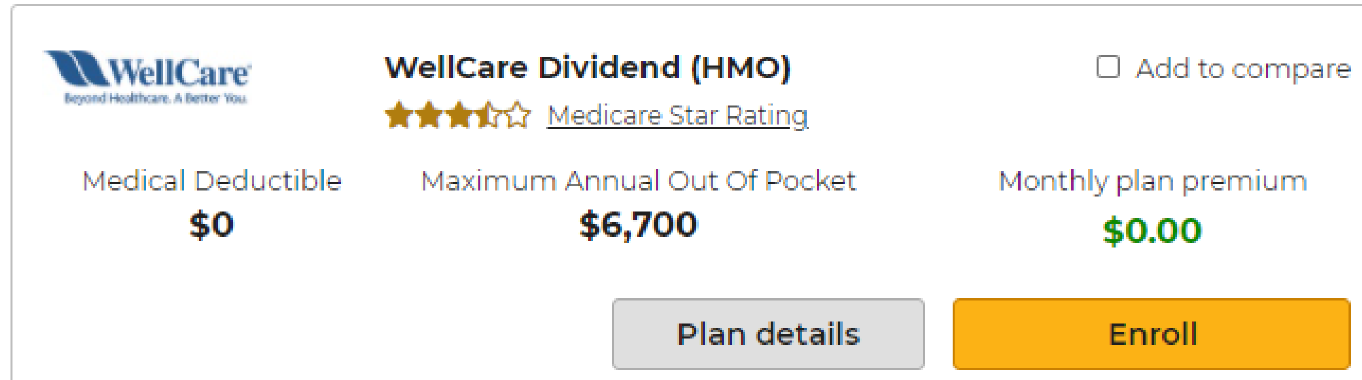
Enter your zip code, medical needs, prescriptions and preferred pharmacy to find plans that may meet your needs.

Enter your information

"WellCare Endurance (PPO)" is our plan for dialysis patients







Personal info

Personal Information

Use the form below to apply to your plan. When filling out the form, don't worry about mistakes. You'll be able to review your information and make changes before you submit your completed form.

Please contact the plan directly if you need information in another language or format (Braille).

Fields marked with an asterisk (*) are required

Personal Information

Please enter your personal information in the spaces provided.

Title Mr. Mrs. Ms.

First Name*

Middle Initial

Last Name*

Date of Birth* MM/DD/YYYY

Sex* Male Female

Home Phone Number*

Please enter your 10 digit phone number with no hyphen or spaces (e.g., 2125551212).

Email Address

Permanent Residence

Please enter your permanent residence address below. (P.O. Box is not allowed.)

Address (Line 1)*

Shopping cart

Medicare Advantage Prescription Drug Plan $0.00

WellCare Endurance (PPO)

Total monthly plan premium

$0.00

Summary of Benefits
Comprehensive Formulary
2021 MA/MAPD Enrollment Application
Multi-Language Insert/Non-Discrimination Notice
Star Ratings

James Gaffney
(912) 323-8808

WellCare Health Plans Inc

Address
PO Box 31685
Tampa, FL 33631

Phone
(866) 527-0056

TTY
711

Hours
Mon-Fri, 8 AM-8 PM

Please enter your Medicare information below

Medicare and Benefits Information

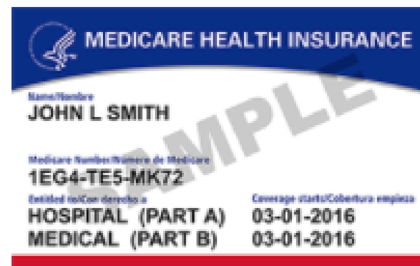
Please tell us about your current Medicare coverage and related benefits information.

Fields marked with an asterisk (*) are required

Medicare Information

Please take out your red, white and blue Medicare card to complete this section. In the spaces provided, enter your Medicare Number (do not enter dashes) and the Effective Dates for your Part A and Part B coverage.

You must have Medicare Part A and Part B to join a Medicare Advantage plan.



Medicare Number*

Part A Effective Date: MM/DD/YYYY

Part B Effective Date: MM/DD/YYYY

Requested Effective Date

Please select your proposed effective date of coverage: Select

Shopping cart

Medicare Advantage Prescription Drug Plan $0.00

WellCare Endurance (PPO)

Total monthly plan premium
$0.00

Summary of Benefits
Comprehensive Formulary
2021 MA/MAPD Enrollment Application
Multi-Language Insert/Non-Discrimination Notice
Star Ratings

James Gaffney
(912) 323-8808

WellCare Health Plans Inc
Address
PO Box 31685
Tampa, FL 33631
Phone
(866) 527-0056
TTY
711
Hours
Mon-Fri, 8 AM-8 PM

Optional

Physician Selection (Optional)

Please provide the ID of a Primary Care Physician (PCP), clinic, or health center:

Find A Doctor

Are you a current patient? Yes No

Paying Your Plan Premium

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it. You can pay by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month. If you are assessed a Part D-Income Related Monthly Adjustment Amount, you will be notified by the Social Security Administration. You will be responsible for paying this extra amount in addition to your plan premium. You will either have the amount withheld from your Social Security benefit check or be billed directly by Medicare or Railroad Retirement Board . DO NOT pay WellCare Health Plans Inc the Part D-IRMAA.

You can pay your monthly plan premium (including any late enrollment penalty you have or may owe) by mail, Electronic Funds Transfer (EFT), or credit card each month. You can also choose to pay your premium by automatic deduction from your Social Security or Railroad Retirement Board benefit check each month.

People with limited incomes may qualify for extra help to pay for their

Shopping cart

Medicare Advantage Prescription Drug Plan **$0.00**

WellCare Endurance (PPO)

Total monthly plan premium

$0.00

Summary of Benefits
Comprehensive Formulary
2021 MA/MAPD Enrollment Application
Multi-Language Insert/Non-Discrimination Notice
Star Ratings

James Gaffney
(912) 323-8808

WellCare Health Plans Inc
Address
PO Box 31685
Tampa, FL 33631
Phone
(866) 527-0056
TTY
711

Review and Submit

Review your application

Please read the legal information. After you complete your review, check the acknowledgment that you read the disclosures. Click *Submit* to send us your enrollment form.

Personal Information

Medicare and Benefits Information

Physician Selection (Optional)

Please provide the ID of a Primary Care Physician (PCP), clinic, or health center:

Find A Doctor

Are you a current patient? Yes No

Paying Your Plan Premium

If we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to

Shopping cart

Medicare Advantage Prescription Drug Plan $0.00

WellCare Endurance (PPO)

Total monthly plan premium

$0.00

Summary of Benefits
Comprehensive Formulary
2021 MA/MAPD Enrollment Application
Multi-Language Insert/Non-Discrimination Notice
Star Ratings

James Gaffney
(912) 323-8808

WellCare Health Plans Inc
Address
PO Box 31685
Tampa, FL 33631
Phone
(866) 527-0056
TTY