

Enrollment Instructions

The following steps must be completed to begin the process in becoming a member of Liberty Health Advantage HMO.

1. Please fill out the entire form legibly and accurately. Your Medicare information must be filled out exactly as it appears on your Medicare card.
2. Be sure to read each item carefully so that you fully understand the information.
3. You must sign and date the enrollment form.
4. Keep the Member copy to serve as your temporary proof of membership.

Contact Member Services if you need assistance or have questions about completing this form. 1-866.542.4269. TTY users call 1.800.662.1220, Sunday to Saturday 8AM to 8PM.

Please remember that Liberty Health Advantage cannot consider this application "finished" until your eligibility for Medicare Part A and enrollment in Part B has been confirmed.

Liberty Health Advantage HMO is a Coordinated Care Plan with a Medicare Advantage contract and a contract with the New York State Medicaid program