

## Presbyterian Medicare Advantage Broker Referral Program

### How does our Broker Referral program work?

You identify a Medicare beneficiary who is interested in learning more about Presbyterian Medicare Advantage plans. Complete the Referral Form and submit it to Presbyterian Medicare Sales at **medicare.sales@phs.org**. Presbyterian Health Plan will pay the referral/finder fee for **confirmed referrals** based on the following:

- Broker must be licensed and appointed with Presbyterian Health Plan.
- The Referral Form must be completed and received by Presbyterian Medicare Sales before the beneficiary enrolls in a Presbyterian Medicare Advantage plan.
- Referral must be a **new** prospect that Presbyterian Medicare Sales is not already actively working.
- Referral must enroll as a **new** Presbyterian Medicare Advantage member. Referral fees are not paid for members switching from one Presbyterian Medicare Advantage plan to another.

### How do you get paid?

Presbyterian Health Plan will pay a referral/finder fee of \$100 for each confirmed referral that enrolls in a commissionable Presbyterian Medicare Advantage plan. You will be paid by the end of the month when the beneficiary is effective with a Presbyterian Medicare Advantage plan.

Presbyterian Health Plan will follow the Centers for Medicare and Medicaid (CMS) Compensation Recovery Requirements (chargebacks) for all referral payments.

Please complete this form and email, fax, mail or hand deliver to Presbyterian Medicare Sales.

**Mailing Address:**

Presbyterian Health Plan  
Attn: Presbyterian Medicare Sales  
P.O. Box 27489  
Albuquerque, NM 87125

**Physical Address:**

Presbyterian Rev. Hugh Cooper Administrative Center  
Attn: Presbyterian Medicare Sales  
9521 San Mateo Blvd. NE  
Albuquerque, NM 87113

**Fax: (505) 923-5385**

**Email: [medicare.sales@phs.org](mailto:medicare.sales@phs.org)**

Referral Name: \_\_\_\_\_

Referral Phone Number: \_\_\_\_\_

Referral Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Current Coverage: \_\_\_\_\_

How did you receive the referral?

- ☐ Beneficiary is a current client  
☐ Beneficiary was referred to you  
☐ Beneficiary contacted you

I attest that the referral listed above requests that a Presbyterian Medicare Sales representative call them to learn more about Presbyterian's Medicare Advantage plans.

Broker Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Broker Name: \_\_\_\_\_ Broker NPN # \_\_\_\_\_