



Presbyterian Health Plan, Inc.
Presbyterian Insurance Company, Inc.

Medicare Producer Formal Seminar Approval Form

Instructions: Submit this form seven days before your requested event. Email to medicare.sales@phs.org.

Producer Information:	
Producer Name:	Phone Number:
NPN:	
Email:	
Event Information:	
Plan Type: <input type="checkbox"/> D-SNP <input type="checkbox"/> HMO <input type="checkbox"/> PPO	
Event Location (Facility Name, Address and Phone):	
Event Time:	
Materials Needed:	
Giveaways:	Amount needed:
Enrollment Kits:	Amount needed:

Office Use Only:
Approved:
Date: