Arizona Priority Care™
One Goal. One Priority. Your Healthcare.

scan medicare advantage
SCAN DESERT HEALTH PLAN

- SCAN Classic (HMO) 001 (Maricopa, Pinal)
- SCAN Balance (HMO C-SNP) 002 (Maricopa, Pinal)
- SCAN Heart First (HMO C-SNP) 003 (Maricopa, Pinal)
- SCAN Venture (HMO) 004 (Maricopa, Pinal)
- SCAN Strive (HMO C-SNP) 006 (Maricopa)

eternalHealth
Your Forever Partner in Healthcare

- eternalHealth Horizon (HMO) 001 (Maricopa)
- eternalHealth Grand Give Back (HMO) 002 (Maricopa)
- eternalHealth Valor Give Back (HMO-POS) 003 (Maricopa)

wellcare By allwell

- Specialty No Premium HMO C-SNP (Maricopa, Pinal) H0351-038
- No Premium (HMO) (Maricopa, Pinal) H0351-063
- Dual Liberty (HMO D-SNP) (Maricopa, Pinal) H5590-008
- Assist (HMO) (Maricopa, Pinal) H0351-062
- Giveback (HMO) (Maricopa, Pinal) H0351-064

BlueCross BlueShield Arizona
An Independent Licensee of the Blue Cross Blue Shield Association

- Blue Best Life Classic (HMO) 006 (Maricopa, Pinal)
- Blue Best Life Plus (HMO) 001 (Maricopa, Pinal)

Full delegation 4/1/2024

Alignment Health Plan®

- The ONE+ Walgreens (HMO) 001 (Maricopa)
- smartHMO (HMO) 005 (Maricopa)
- Heart & Diabetes (HMO C-SNP) 003 (Maricopa)
- Heart & Diabetes Plus (HMO C-SNP) 006 (Maricopa)

Delegated Plans | Non-Delegated Plans

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Lead Card

Applicant Information

Please complete all highlighted sections

Lead ID: _____
Date: _____
Time: _____
Broker Name: _____

Name: _____ Date of Birth: _____

Address: _____ Day Phone: _____

City/State: _____ Evening Phone: _____

Zip: _____ Contact Time: _____

Email: _____

Do you receive Medicare? ☐ Yes ☐ No Do you receive Medicaid? ☐ Yes ☐ No

Who is your current doctor? _____

Do you agree to have a Sales Representative follow up with you by telephone or email? ☐ Yes ☐ No

Do you agree to have an AZPC Representative follow up with you by telephone or email? ☐ Yes ☐ No

Comments: _____

Signature: _____

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AZPriorityCare.com | (480) 499-8750

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