Learn About Alameda Alliance Wellness (HMO D-SNP)

If you have **Medicare and Medi-Cal**, you may qualify for a variety of $0 copays and extra benefits like dental, vision, over-the-counter allowances, and more.

ALAMEDA Alliance FOR HEALTH | Alliance Wellness

Fill out this card and send it back to us to learn what extra benefits are available to you. A licensed representative will reach out to you.

Last Name: _____ First Name: _____

Date of Birth (MM/DD/YYYY): _____ Email: _____

Phone Number: _____ Best Time to Call: ☐ Morning ☐ Afternoon ☐ Evening

Language Preference: _____ Zip Code: _____

Which insurance do you have? ☐ Medicare Part A ☐ Medicare Part B ☐ Both

Do you have Medi-Cal? ☐ Yes ☐ No Medi-Cal ID Number: _____

Who is your primary care provider (PCP, doctor)? _____

What specialist(s) do you see? _____

What are your current medications? _____

Do you have specific health care needs? ☐ Yes ☐ No

By signing, you permit Alameda Alliance Wellness to contact you. There's no obligation to enroll. Your information is kept confidential.

Signature: _____ Date: _____