

the VOICE



Providing qualified Oklahomans with access to affordable health care!

Insure Oklahoma Agent Blast August - 2011

INDIVIDUAL PLAN COVER PAGE

If you are an agent that helps with an Individual Plan member, please include an [IP Cover Sheet](#) with all documentations.

- Members
- Fax 405-949-9563
- Email insureoklahoma@hp.com (processing)



AUTHORIZATION OF MEDICAID RELEASE

Please have the member fill out the [Authorization to Release Medicaid Records](#) form if you want to speak on behalf of the Individual Plan member. Customer Service Representatives cannot release information without this form on file.

NEW EMPLOYER CONTRACT IO CONTRACT

We have a new employer contract form effective 8/1/2011. Please update your employer application packet.

- [Agent of Record Form](#)
- [Electronic Funds Transfer \(EFT\) Form](#)
- [Employer Application](#)
- [Employer Attestation-Employee Citizenship Form](#)
- [Employer Change Form](#)
- [Employer Contract \(NEW FORM\)](#)
- [Cover Sheet](#)
- [Open Records Request Form](#)
- [Staff Listing Form](#)

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