

# Enrollment information

Date: \_\_\_/\_\_\_/\_\_\_ Location: \_\_\_\_\_

Assisted by: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact phone number: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

This document contains sensitive and private information. Make sure to keep it in a secure location at all times. The Oregon Health Insurance Marketplace does not keep a copy of this document. This is for your personal records.

|                            |                |                      |          |                      |  |
|----------------------------|----------------|----------------------|----------|----------------------|--|
| Email website              |                | Email address        |          | Email password       |  |
| Oregon Health Plan website | ONE.Oregon.gov | OHP website username |          | OHP website password |  |
| Marketplace website        | HealthCare.gov | Marketplace username |          | Marketplace password |  |
| Security question 1        |                |                      | Answer 1 |                      |  |
| Security question 2        |                |                      | Answer 2 |                      |  |
| Security question 3        |                |                      | Answer 3 |                      |  |

Estimated renewal date (OHP): \_\_\_\_\_

| Who applied today | Date of birth | OHP? | QHP? | PTC? | CSR? |
|-------------------|---------------|------|------|------|------|
| 1.                |               |      |      |      |      |
| 2.                |               |      |      |      |      |
| 3.                |               |      |      |      |      |
| 4.                |               |      |      |      |      |
| 5.                |               |      |      |      |      |
| 6.                |               |      |      |      |      |
| 7.                |               |      |      |      |      |

Insurance company: \_\_\_\_\_ Plan name: \_\_\_\_\_ Effective date: \_\_\_/\_\_\_/\_\_\_

Full premium amount: \$\_\_\_\_\_ Premium after financial assistance: \$\_\_\_\_\_

| Document needing to be submitted | For whom? | Due date |
|----------------------------------|-----------|----------|
|                                  |           |          |
|                                  |           |          |
|                                  |           |          |

HealthCare.gov | 800-318-2596  
 Oregon Health Plan | OHP.Oregon.gov | 800-699-9075  
 OregonHealthCare.gov | 855-268-3767



# Take the **next step**

## Enrolling in health coverage is just the first step

After enrolling, there are a few things you should do to make the most of your health coverage. Remember, the person who helped you to get signed up is able to help you throughout the year. This person can help you find information about your plan, deal with any issues, and update your application if something changes.



### Submit necessary verification documents

You may need to submit documents to support the information on your application. Make sure to look at your Eligibility Notice to see what documents need to be sent in and when they are due. If you miss your due date, you may lose financial assistance or your plan.

## Receive your plan information and insurance card

Your insurance company will send you a welcome packet. It will include Summary of Benefits document to help you understand your coverage. It will also include your insurance card. Be sure to give to your new card to your doctors and pharmacy for billing.



### Pay your premium

Your premium is the monthly amount you pay to have health coverage. Your insurance company will send you a bill for your monthly premium. You can usually pay online, through the mail, or set up electronic payments.

## Find where you can get information

Most health plans have a portal that you can register for to access your insurance coverage information, billing, and network information. The online portal is usually the quickest and most accurate place to get answers to your questions.



### Find a doctor

Your plan has a specific network of preferred doctors, facilities, and pharmacies. It is important to make sure you choose a doctor that is in-network with your plan. You can find this information on your insurance company's website.

## Schedule an appointment

Every plan includes a set of preventive services that are free of charge. You must get these services from an in-network doctor. They include an annual wellness exam and any screenings ordered by your doctor. Call to set an appointment to get this exam out of the way and keep you healthy.



### Fill your prescriptions

If your doctor writes a prescription for you, you should take it to a local in-network pharmacy. You can find a pharmacy on your plan's website or by calling your health plan. Make sure to provide your insurance card so your pharmacy can bill your insurance company.

## Report life changes

It is important to report any changes you experience throughout the year. Changes you should report include change to job status or income, marriage, divorce or death, birth, and adoption. To find out more, visit [HealthCare.gov](http://HealthCare.gov).



YOUR **FUTURE**, TAKE **CONTROL**

OREGON HEALTH INSURANCE  
MARKETPLACE

