

Permission to Contact



FIDELIS CARE®

YES! Please have a Fidelis Care representative contact me regarding free or low-cost health insurance coverage.

YES! Please help me stay covered with Fidelis Care and contact me regarding questions about my recertification.

Please fill out the form below and send it to Fidelis Care one of three ways:

FAX



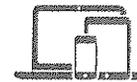
(518) 427-9584

MAIL



31 British American Blvd
Latham, NY 12110

EMAIL



albmarketing@fideliscare.org
Snap a photo and email

Mountain View Pediatrics

Name (please print): _____

Address: _____ City: _____ State: _____ Zip: _____

County: _____ Telephone: Home: () _____ Cell: () _____

Email: _____ Fidelis Care Representative: **Victoria Perry**

What is the best time to contact you? Mornings Afternoons Evenings

What is your primary language? _____

How did you hear about Fidelis Care? (Referral source): **Mountain View Pediatrics**

Signature: _____ Date: _____

*By completing and signing this form, I give permission for a Fidelis Care representative to contact me regarding health insurance or to renew my current coverage.

Fidelis Care.org has an applicable Federal civil rights law that does not discriminate on the basis of race or be national origin. If you are a person with a disability or are a person with limited English proficiency, please contact us at 1-888-343-3547. ATTENTION: If you speak English, Language Assistance Services are available to you. Call 1-888-343-3547 (TTY: 1-800-421-1220). ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-343-3547 (TTY: 1-800-421-1220). 注意：如果您不会说普通话，我们将为您提供免费的中文语言支持服务。请拨打1-888-343-3547 (TTY: 1-800-421-1220)。



1-888-FIDELIS • fideliscare.org
(1-888-343-3547) TTY: 1-800-421-1220

@fideliscare