



QUICK REFERENCE GUIDE

Write down any information you need to remember for easy reference later or in an emergency.

MARKETPLACE INFORMATION

Marketplace Username: _____

Account ID: _____

Password: _____

Case No. (1B) if applicable: _____

DOCTOR'S OFFICE

Name: _____

Phone: _____

Address: _____

INSURANCE PLAN

Plan: _____

Company: _____

Phone: _____

HOSPITAL OR URGENT CARE CENTER INFORMATION

Name: _____

Phone: _____

Address: _____

ASSISTER OR BROKER INFORMATION

Name: _____

Phone: _____

ConnectforHealthCO.com

855-PLANS-4-YOU (855-752-6749)

TTY: 855-346-3432



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