



Medicare Part D QIC Reconsideration Project Plan Contact Information Update Form

- Part D Prescription Drug Appeals
 Late Enrollment Penalty Appeals
 Report Contact

(Please check one box or multiple boxes above, as applicable.)

Contract Number (H/S/R/E_____)*	
Contract Name	
Contract Type (PDP, Local CCP, Demo, Regional CCP, Employer)	
Mailing Address	
Mail Stop	
City	
State	
Zip Code	
Secured Fax Number	
Primary Contact Name	
Primary Contact Phone #, ext.	
Primary Contact Email	
Alternate Contact Name	
Alternate Contact Phone #, ext.	
Alternate Contact Email	
Effective Date of Change	

*Plans may list multiple contract id numbers if the contacts are the same.

The Part D Plan contact is the individual to whom C2C Innovative Solutions, Inc. will send all general appeal information relative to a filed appeal.

A Plan may elect a different individual to receive information about a specific appeal and case submitted to C2C Innovative Solutions, Inc. If a Plan wishes to do this, it must list the alternate individual on the Case File Transmittal Form as the Plan contact person for that specific case.

Please e-mail this form with applicable contact information to:
MedicarePartDAppeals@c2cinc.com