



Policy # 110.26

NEW GROUP ENROLLMENT PROCESS

The following document has been approved by RxFree4Me for use as an enrollment tool for new groups that Channel Partners request for RxFree4mE to provide services to. Questions should be addressed to RxFree4Me management at [info@rxfree4me.com](mailto:info@rxfree4me.com)

The following information must be submitted to RxFree4ME.

Please Email either an email or word document to RxFree4Me containing the following:

**Payer Matrix Client**

**Name of Group:** Kootenai County Employee Benefit Health F

**Geographic Location:** Idaho

**Plan Exclusions (i.e. does not cover specialty, weight loss, etc):** See Benefits Guide

**Eligibility contact (Broker, TPA, channel partner, or HR):** [ClientServices@PayerMatrix.com](mailto:ClientServices@PayerMatrix.com)

**Billing Contact Email:** Ckirkpatrick@kcgov.us & copy Sherri.Broderick@PayerMatri

**Invoicing address:** 451 N Government Way, Coeur d'Ale

I hereby certify that the above group is opting into international sourcing and agrees to accept direct invoicing from the vendor should their members like to participate in the program.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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