

# Medicare Solutions Contacts

## General Contact Information for all Products

| Area                                    | Phone Number | Email                                      |
|---|--------------|--|
| Compensation Support                    | 800-475-4465 | broker.compensation@mutualofomaha.com      |
| Contacts, Licensing & Producer Services | 800-867-6873 | contractsandappointments@mutualofomaha.com |
| Sales Support                           | 800-693-6083 | sales.support@mutualofomaha.com            |
| Tech Support                            | 800-847-9785 | producerstechsupport@mutualofomaha.com     |
| Senior Health Sales Team                |              | seniorhealthsales@mutualofomaha.com        |

## Medicare Supplement and Dental Only

| Area   | Phone Number |
|--|--------------|
| Policyholder Customer Service<br>mycustomerservicehealth@mutualofomaha.com | 800-775-6000 |
| Underwriting   | 800-995-9324 |

## Prescription Drug Plans Only

| Area                               | Phone Number            |
|------------------------------------|-------------------------|
| Enrollment Status                  | 877-775-1360            |
| General Inquiries for agents only  | 855-493-1342            |
| Billing Inquiries for members only | 877-770-9808 (option 1) |
| Customer Service for members only  | 855-864-6797            |

## Application Submissions

| App Type   | Med Supp, Dental  | PDP   |
|--|---|---|
| e-Apps   | <a href="https://MutualofOmaha.com/broker">MutualofOmaha.com/broker</a><br>Select the Electronic Applications link on the home page or on the Sales & Marketing tab.  |   |
| Paper Apps<br>Order application books through normal channels. | <p><b>Mail - Normal Delivery</b><br/>Mutual of Omaha<br/>P.O. Box 3608<br/>Omaha, NE 68103</p> <p><b>Mail - Overnight Delivery</b><br/>Mutual of Omaha<br/>Records/Mailing Processing Center<br/>9330 State Hwy. 133<br/>Blair, NE 68008-6179</p> <p><b>Fax to 866-799-9076</b><br/>When initial premiums are paid through Automated Clearing House (ACH)</p> | <p><b>Fax</b><br/>855-867-6711<br/>This is the preferred method to submit paper PDP enrollment forms.</p> <p><b>Mail</b><br/>Mutual of Omaha Rx<br/>P.O. Box 3625<br/>Scranton, PA 18505-9811</p> <p>We must receive PDP enrollment forms within 48 hours after the signed enrollment date.</p> |



### Producer Website

Sales Professional Access | [MutualofOmaha.com/broker](https://MutualofOmaha.com/broker)

To create your account, click Sign Up and follow the instructions. You need your seven-digit Mutual of Omaha production number to register.



### Mobile Quote App - Med Supp and Dental

Download to your smartphone and tablet. Search Quotes for Sales Professionals in the Apple Store or Google Play.