

Phone: (888) 727-6682
Fax: (828) 431-2183

ANTEX
Med South Health Plans, LLC
1375 Lenoir Rhyne Blvd Ste 119
Hickory, NC 28602

New Business Transmittal

MANAGER'S NAME: _____

DATE: _____

AGENT'S NAME: _____

AGENT #: _____

PHONE NO: (____) _____

STREET ADDRESS: _____

CITY: _____

STATE: _____ **ZIP:** _____

#APPS: _____

	NAME OF APPLICANT	PREMIUM	ADDITIONAL FEES	ASSOCIATION FEE	TOTAL AMOUNT COLLECTED	PREMIUM MODE	ANNUALIZED PREMIUM
1.						M A SA QTR	
1.						M A SA QTR	
1.						M A SA QTR	
1.						M A SA QTR	
1.						M A SA QTR	
1.						M A SA QTR	
1.						M A SA QTR	
1.						M A SA QTR	
1.						M A SA QTR	
1.						M A SA QTR	
	TOTALS:	\$ _____	\$ _____	\$ _____	\$ _____		\$ _____

PREMIUM MODE: M - MONTHLY ELECTRONIC DEBIT A - ANNUAL SA - SEMI-ANNUAL QTR - QUARTERLY

Transmittal **MUST** be faxed to:

Med South Health Plans
(828) 431-2183