



How to submit applications to WelbeHealth – user guide

Please go to the agent portal

<https://welbehealth.com/agent-portal/>

WelbeHealth Agent Portal

This page contains support, education, and other resources for our Welbehealth certified agents.

Scroll to the bottom of the page to “Agent Resources.”

Agent Resources

Participant Application (Online)

Participant Application (PDF)

Submit your Application (PDF version only)

Place an order for materials

Lead Cards (English and Spanish)

Accessing applications for WelbeHealth

You can use the Participant application (online)

You can simply click on this link to automatically be taken to the online application.

Participant Application (Online)

The website is <https://welbehealth.com/application/>

You may save this as one of your favorites, you can do the online application from a mobile phone, tablet, or computer if you have internet access.

You may also use the Participant Application (PDF)

Participant Application (PDF)

You may type on this form directly or download and save it to your computer.

You may also print these PDF forms out so that you have some on hand when needed.

Filling out your WelbeHealth Application

The first step is to give your information on any of our applications.

Agent Name:

Agent Email:

FMO Name:

Agent Phone:

Agency:

Please use the name you gave on your contract.

Please give your email and phone, so our Senior care advisor may reach you if needed.

Please enter your FMO and Agency, if you are unsure of what to put under this section please reach out to our team.

Our notes box is a free text space. Tell us anything important here, nowhere else in the application. You may let us know regarding parking, who to call, needs Medi-Cal or additional specialist. Remember too much information on these applications does not exist.

Notes:

Our notes section makes it easy to give us additional information that may not be in the application but can help us, help your client to successfully go through the enrolment process.

Please note that this is the section where you can also add more specialists.

First Name

Last Name

Email:

Birthdate:

Gender:

Phone (10 digits, no spaces or symbols)

Mobile

This section is where you will gather demographic information on our client, please include birthday and remember the youngest person WelbeHealth can take is 55 years old.

On the phone number please DO NOT USE DASHES, SPACES or ANY SPECIAL CHARACTERS.

Primary Language:

Please use the drop down to select the language that your client is most comfortable communicating in.

Eng = English

Far = Farsi

Spa = Spanish

Khm = Khmer

Zho = Chinese

Hin = Hindi

Hye – American Sign Language

Hmn = Hmong

Vie = Vietnamese

Urd = Urdu

Kor = Korean

Lao – Laotian

Address:

City:

State:

Zip:

Do you receive any help at home?:
Hours per week:

IHSS/State-funded:
Family member is state-paid caregiver:
Bathing:
Dressing:
Eating/ Meals:
Toileting:
Ambulation:
Transferring:
Medication Management:
Shopping:
Other:
Other Type Name:

Please ensure the address is accurate, please include the zip code.

If the senior is receiving IHSS (In- Home Support Services) – In Home Supportive Services, please ask about their caregiver. WelbeHealth can hire their caregivers.

Healthcare Decision Maker Phone:

Caregivers must be willing to come on board.

Healthcare Decision Maker Relationship:

Caregivers must be fully vaccinated against Covid-19

Advanced Directive in Case of Emergency:

Have a background check – no felonies.

Please note we are most interested in whether a senior has a DPOA (Durable Power of Attorney), MDPOA or AHCD (advance healthcare directive) in place.

Do finger printing.

Falls in Last Year:

Have a physical

Falls in Last Month:

Attending an orientation.

Get CPR certified if not already.

Falls are a terrific way to qualify seniors for WelbeHealth, so ask these questions.

Current PCP Name:

Current PCP Contact Information:

How Long with Current PCP?:

Current Specialty Provider 1 Name:

Current Specialty Provider 1 Phone:

Specialty Provider 1 Contact Information:

Why are you seeing a specialty provider?:

Please gather PCP (Primary Care Physician) information, we will request records upon enrollment.

Seniors interested in WelbeHealth will need to transition to our panel of PCP doctors.

- Our doctors are limited to 100 or less patients annually assigned.
- Longer appointment times
- More availability for appointments
- Courtesy visits with previous pcp in first year, please request with application.
- How satisfied are you with your current health conditions?
- Who do you see at the current pcp office?
- Specialists are a wonderful way to switch a senior from current pcp to WelbeHealth

WelbeHealth has a strong provider network.

Check the network - [Here](#)

If the senior's specialist is part of our network, there will be no change.

If the senior's specialist is not on the list, we can ask for a contract or LOA (Letter of Agreement).

On application there is limited space, please feel free to use the "notes" section to add more specialist doctors if needed.

Medi-Cal eligibility active:
Medi-cal #:

How is your name listed on your Card?:

Details of pending issues w/ Medi-Cal:

Need help with Medi-Cal Application?:
If yes, were all documents collected?:
In renewal process for Medi-Cal?:

Submit

Once you are ready to submit the application, simply hit submit.

If you need to save a copy for your records, please use the print option and save as a PDF.

You may at anytime schedule a 1:1 training with WelbeHealth – please use this link

[1:1 training appointment](#)

Please give any information on Medi-Cal that the senior can provide.

We have a Medi-Cal enrollment team to help your client apply for Medi-Cal if needed.

Most seniors are not able to give details on issues with Medi-Cal, please feel free to skip.

If your client needs Medi-Cal help. Please gather any documents the senior has available and use the drop box link [Here](#) to submit documents to us.