

CareTrust Health Alliance

Broker & Consultant Inquiry Form

Share a few details below so our team can connect with you about broker-ready healthcare solutions.

Broker Information

Full Name: _____

Agency / Brokerage Name: _____

Email Address: _____

Phone Number: _____

City/State: _____

Business Overview

Primary Market Served: Individual Family Small Group Employers Mixed

Approximate Number of Clients/Groups Managed: _____

Client Needs (check all that apply)

- Lower healthcare costs
- More predictable renewals
- Flexible plan solutions
- Improved outcomes
- Alternative healthcare strategies

Current Challenges

- Rising premiums
- Limited plan options
- Client dissatisfaction
- Compliance complexity
- Lack of innovation

Partnership Goals

What are you hoping to achieve with CareTrust?

Next Step

Would you like a CareTrust representative to contact you? Yes Just send information