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**Consent to Be Contacted**. By submitting my information and clicking above, I represent that I am at least 18 years old and provide my express written consent to be contacted by 906 Medicare Solutions. My consent is not a condition of purchase. I further understand and agree that my consent is subject to 906 Medicare Solutions [**Privacy Policy**](https://www.healthcare.com/privacy-policy) and [**Terms of Use**](https://www.healthcare.com/terms).

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