



Primary Medical Physician Enrollment Cover Sheet

Please choose delivery system:

- 01-ESKENAZI
- 02- IU HEALTH
- 06- ST VINCENT
- 31-ST CATHERINE
- 34- ST CATHERINE/COMMUNITY MUNSTER
- 35- ST CATHERINE/ST MARY MEDICAL CENTER
- 40-SELECT HEALTH
- 60-TOTAL HEALTH
- 70-EXCEL
- 91-COMMUNITY HEALTH NETWORK

Please choose product(s):

- HOOSIER HEALTHWISE
- HEALTHY INDIANA PLAN

IF PMP IS DISENROLLING, DOES MEMBER LETTER NEED SUPPRESSION? YES NO

****IMPORTANT APPLICATION REMINDERS****

- All information must be legible, (please print or type) please complete in its entirety, sign and date.
- Please include all current pay to information on page two for both new enrollments and updated enrollments.