



# HMO ILLINOIS

## PROVIDER SELECTION FORM

As a new enrollee in HMO Illinois you should complete this form to select a Primary Care Physician. The form does not replace your on-line enrollment selection.

A list of Primary Care Physicians can be found at <http://www.bcbsil.com/providers/index.html> select "Search by Health Plan," and enter HMO Illinois as your health plan.

If you are a current member of HMO Illinois and wish to change your Primary Care Physician please contact HMO Illinois Customer Care at 1-800-892-2803.

**EMPLOYER WILL FILL IN GROUP AND SECTION #'s**

EMPLOYER NAME <b>LOYOLA UNIVERSITY CHICAGO</b>			GROUP NUMBER		SECTION NUMBER	
ENROLLEE LAST NAME		FIRST NAME		MIDDLE INITIAL	PHONE NUMBER	
STREET ADDRESS			APT. NO.	CITY		STATE ZIP
DATE OF BIRTH	SOCIAL SECURITY NUMBER		MEDICAL GROUP'S (MG's) NUMBER		MEDICAL GROUP'S (MG's) NAME	
PCP's NAME					PCP's NUMBER	
<input type="checkbox"/> WIFE <input type="checkbox"/> HUSBAND <input type="checkbox"/> LDA			<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER			
LAST NAME		FIRST NAME	M.I.	LAST NAME		FIRST NAME M.I.
DATE OF BIRTH		MG's NUMBER		DATE OF BIRTH		MG's NUMBER
PCP's NUMBER		PCP's NAME		PCP's NUMBER		PCP's NAME
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER			<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER			
LAST NAME		FIRST NAME	M.I.	LAST NAME		FIRST NAME M.I.
DATE OF BIRTH		MG's NUMBER		DATE OF BIRTH		MG's NUMBER
PCP's NUMBER		PCP's NAME		PCP's NUMBER		PCP's NAME
<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER			<input type="checkbox"/> SON <input type="checkbox"/> DAUGHTER			
LAST NAME		FIRST NAME	M.I.	LAST NAME		FIRST NAME M.I.
DATE OF BIRTH		MG's NUMBER		DATE OF BIRTH		MG's NUMBER
PCP's NUMBER		PCP's NAME		PCP's NUMBER		PCP's NAME

For Blue Cross and Blue Shield of Illinois to produce and distribute your HMO Illinois member ID card in a timely manner complete and submit the Primary Care Physician and Medical Group selection form to your Human Resources Department no later than December 11, 2006, If you have any questions, please feel free to call Member Services at (800) 892-2803

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN BY:  
DECEMBER 11, 2006**