



Who is your doctor?

It is important for you to fill out this form. We would like to know who the primary care provider is for you and your family members. If you don't currently see a provider, you can choose one from our provider directory for everyone in your family. View our provider directory online at childrenscommunityhealthplan.org.

Each member of your family must pick a primary care provider. You can pick one provider to treat your whole family or each family member can have their own provider. The Provider Directory lists the doctors and clinics available to you while you're a member of Children's Community Health Plan. Select a provider or clinic from the directory or call Customer Service to find out about providers in your area.

To choose a provider, complete this form or call us at 1-800-482-8010. Fold, seal and return this completed, postage paid form or mail this form in an envelope to Children's Community Health Plan, Attn: Enrollment Department, PO Box 56099, Madison, WI 53705-9962.

Urgent – *PRINT* all information

10 digit ForwardHealth ID number	Your first name, middle initial and last name	Your doctor's full name and clinic name	The city where your doctor and clinic is in

If we have questions regarding your choice of doctors, may we call you? Yes No

What is your daytime telephone number? (____) _____

If you have any questions, call Customer Service at 1-800-482-8010.

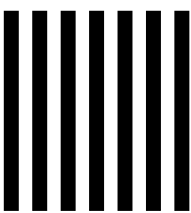


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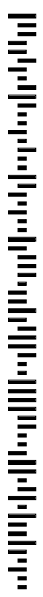
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