

**ELMCARE – SITE #312
HMO ILLINOIS/BLUE ADVANTAGE
PHYSICIAN SELECTION FORM**

Instructions:

- 1) List member's name below and each family member insured.
- 2) Please consult the Primary Care Physician Directory.
- 3) List Primary Care Physician selected.
- 4) List the Insured ID Number and Telephone Number.
- 5) Return to ELMCARE via:

MAIL: 200 Berteau Ave., Elmhurst, IL 60126

FAX: (630) 993-5619

Member

Primary Care Physician

1) _____
Name

Physician Name

2) _____
Name

Physician Name

3) _____
Name

Physician Name

4) _____
Name

Physician Name

5) _____
Name

Physician Name

INSURED ID# _____

INSURED TELEPHONE # _____