

**ELMHURST EPO (ElmO) PLAN
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
- 6) Call your new PCP and arrange an initial appointment to meet the doctor.

Member

Primary Care Physician

| | |
|------------------|-------------------------|
| 1) _____ Name | _____ Physician Name |
| 2) _____ Name | _____ Physician Name |
| 3) _____ Name | _____ Physician Name |
| 4) _____ Name | _____ Physician Name |
| 5) _____ Name | _____ Physician Name |
| 6) _____ Name | _____ Physician Name |

INSURED ID# _____

INSURED TELEPHONE# _____