

! URGENT: IMMEDIATE ACTION NEEDED!

AMERIHEALTH FOR BENEFIT FUND MEMBERS

PHYSICIAN SELECTION FORM

USE AMERIHEALTH DIRECTORY TO SELECT A PRIMARY CARE PHYSICIAN FOR YOURSELF & EACH ELIGIBLE FAMILY MEMBER

LAST NAME	FIRST NAME	M.I.	DATE OF BIRTH	SOC. SEC. NO.	Primary Care Physician Name (If current Physician, check block)	Primary Care Physician Code*

Member's Name: _____

Member's Soc. Sec. No.: _____

Employer: _____

Member's Signature & Date: _____

YOU MUST FILL OUT AND RETURN THIS FORM IMMEDIATELY TO: Benefit Fund, 1319 Locust Street, Philadelphia, PA 19107. If you have any questions, call (215) 735-5720 or, if long distance, (800) 531-1199.

IF WE DO NOT HAVE YOUR PRIMARY CARE PHYSICIAN SELECTION, NO REFERRALS ARE POSSIBLE AND NO BILLS WILL BE PAID FOR YOU BY THE AMERIHEALTH PLAN WHICH IS EFFECTIVE JUNE 1, 2003.

* This is the 10 digit code in bold in the AmeriHealth Directory.