

Fox Valley Medicine, Ltd.

P.O. Box 8200 ❖ Westchester, Illinois 60154
630.482.9758 ❖ 312.283.3546 (fax)

PHYSICIAN SELECTION FORM

In order for your family to receive care, you will need to notify us of your selection of a Primary Care Physician (PCP) from the attached Primary Care Physician directory. Completion of this form within ten (10) days of receipt will insure correct physician assignment. *(Failure of prompt notification may result in medical services being billed to you directly.)*

NOTE: Even if you have notified your insurance plan of this selection, you will need to verify with us.

PLEASE PRINT

CARDHOLDER INFORMATION				
LAST NAME:		FIRST NAME:		MIDDLE INITIAL:
ADDRESS:			CITY:	STATE: ZIP:
PHONE NUMBER:		TODAY'S DATE:	DATE OF BIRTH:	INSURANCE ID#:
PHYSICIAN SELECTION – COMPLETE FOR YOURSELF AND EACH FAMILY MEMBER				
NAME	DATE OF BIRTH	RELATIONSHIP	PCP	OB/GYN
MANAGED CARE PLAN – PLEASE CHECK ONE				
<input type="checkbox"/> BLUE ADVANTAGE HMO SM		<input type="checkbox"/> BLUE PRECISION HMO SM		<input type="checkbox"/> HMO ILLINOIS®
<input type="checkbox"/> OTHER				

E-mail Newsletter

If you would like to receive health, provider, or wellness updates via e-mail from Fox Valley Medicine, Ltd. please provide your e-mail address and check which types of information you would like to receive. You may also sign up to receive these newsletters on our website at www.FVMedicine.com.

E-MAIL ADDRESS:			<input type="checkbox"/> General Health & Wellness
<input type="checkbox"/> Provider Updates	<input type="checkbox"/> Asthma	<input type="checkbox"/> Cardiovascular Disease	<input type="checkbox"/> Child Health & Wellness
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Eating Healthy	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Screening Guidelines

Transfer of Records

Please arrange with your former physician to have your medical records forwarded to your new Fox Valley Medicine, Ltd. Primary Care Physician's (PCP) office. This normally requires a written request. Do not have your records forwarded to Fox Valley Medicine, Ltd (FVM).

Physician Change

For Blue Advantage, Blue Precision and HMO Illinois:

Should you wish to change physicians at a later date, please contact Member Services at 630.482.9758. To ensure continuity of care, FVM only allows three changes of PCP per lifetime. When changing PCPs, you will become effective with the new PCP the first of the following month.

For all other Insurance Companies:

In addition to notifying Fox Valley Medicine, Ltd. please contact your customer service department at your insurance provider.

HIPAA Release Form

Please contact Member Services to request a HIPAA release form if you are 18 or older and wish to have anyone other than yourself call Fox Valley Medicine, Ltd. on your behalf.

Patient Physician Relationship

Fox Valley Medicine, Ltd. respects the patient physician relationship. As such, we are unable to discuss referral status with the patient. Those requests go to your primary care physician's office. You and your primary care physician must work together to maintain your good health. Therefore, we limit the number of changes of physician to three per lifetime with Fox Valley Medicine, Ltd. This benefits you as a patient to receive the best medical attention with a doctor who is familiar with your past medical history.

SUBSCRIBER'S SIGNATURE

05/2017