



PRIMARY CARE DESIGNATION FORM

BENEMAX

All HMO Blue members must designate a Primary Care Physician. If you enroll in the Gold / Silver / Bronze HMO Blue Health Plans please provide this form to Benemax enrollment soon after you have completed the on-line enrollment process.

Please confirm with your PCP that they take HMO Blue or visit www.bluecrossma.com/findadoctor or call BCBSMA at 800-821-1388 for a list of providers.

SECTION 1 – ENROLLEE (Complete this section for new enrollment or change of status)

EMPLOYEE NAME

(Last, First, Middle Initial) _____, _____, _____

SECTION 2 – PRIMARY CARE PHYSICIAN (PCP) DESIGNATION

Please list the primary care physician for yourself and any covered dependents under your plan.

Member: _____ PCP Name: _____ City/State: _____

Dep: _____ PCP Name: _____ City/State: _____

Dep: _____ PCP Name: _____ City/State: _____

Dep: _____ PCP Name: _____ City/State: _____

Dep: _____ PCP Name: _____ City/State: _____

Dep: _____ PCP Name: _____ City/State: _____