

Enrollment Form

Use this form to choose a Health Plan and a primary care provider (PCP) for each person listed. If you don't choose a PCP, the Plan will choose one for you. It is best to make your own choice!



Barcode1
CaseCIN

[<Head of Household Name>
<Address 1>
<Address 2>
<City>, <State> <ZIP Code>]

1. Enroll online at www.bayouhealth.com
2. Call us at **1-855-BAYOU-4U** (1-855-229-6848). The call is free.
3. Fill out this form and send it to us in the return envelope.
4. Complete this form and fax it to 1-888-858-3875.
5. Enroll in person at your local Medicaid eligibility office.

► If the above name and address are not correct, write the correct information here.

First name:	Last name:	
Address:		
City:	State:	ZIP Code:

► What is the best number we can use to call you? Home: () Cell: ()

► If a provider or someone at your provider's office assisted you with enrolling, have them complete the following:

Provider/Practitioner name:	Group/Organization name:
Plan affiliations:	Telephone number: ()

Card control number:

Choose one Health Plan (put an X in the box).

- Amerigroup Community Health Solutions AmeriHealth Caritas Louisiana
 Louisiana Healthcare Connections UnitedHealthcare Community Plan

Choose a PCP Is this your current PCP? Yes No

PCP's first and last name:	PCP's phone number: ()
----------------------------	-----------------------------

PCP's address (street, city, state, ZIP Code):

Card control number:

Choose one Health Plan (put an X in the box).

- Amerigroup Community Health Solutions AmeriHealth Caritas Louisiana
 Louisiana Healthcare Connections UnitedHealthcare Community Plan

Choose a PCP Do you want the same PCP that you chose for the first member? Yes No *If Yes, skip to the next member. If No, please tell us about the PCP.* Is this your current PCP? Yes No

PCP's first and last name:	PCP's phone number: ()
----------------------------	-----------------------------

PCP's address (street, city, state, ZIP Code):

Please turn the page ►►►

LAEB-HP-ENROLL-EC-EN-V1113

