

## Illinois Health Connect Enrollment Form



Complete this form after you have picked a Primary Care Provider (PCP) for each person listed below.

Follow these steps:

- Write the Provider ID Number for the PCP you have picked for each person on the blank line below. You can find this Provider ID Number by calling us at the number below, or online at [www.illinoishealthconnect.com](http://www.illinoishealthconnect.com) and click on "Pick a Provider".
- Complete the health questions below.
- Sign and date the form.
- Send the form to us using the return envelope in this packet.
- If you want to enroll by phone, or have questions, call us at 1-877-912-1999. If you use a TTY, call 1-866-565-8577. The call is free.

NAME	RECIPIENT ID NUMBER	DATE OF BIRTH	PROVIDER ID NUMBER
John Doe	123456789	04/03/81	_____

### Sample

Please answer these questions. Your answers will help your PCP provide top quality health care for you and your family. The answers you provide will not affect your enrollment.

1. Is anyone listed above pregnant? If so, please list their name and due date.

2. Does anyone listed above have asthma, diabetes or any other chronic illness? If so, please list their name, the illness and the name of the doctor providing care for the chronic illness.

3. Does anyone listed above go to a specialist for ongoing care? If so, please list their name.

I have picked the doctors or other health professionals above to be the Primary Care Providers for my family members listed above.

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
My Phone Number