



Date: \_\_\_\_\_

Your health care will be through the Community Health Plan, starting next month. You need to pick a health clinic now or one will be assigned to you.

Please look at the list of Community Health Plan clinics and pick one you want to go to for all your health needs. You will be assigned to this clinic if possible.

1. Name: \_\_\_\_\_
2. Date of Birth: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Address: \_\_\_\_\_  
 City & Zip code: \_\_\_\_\_  
 Phone/Message Phone: \_\_\_\_\_
5. What Clinic and Doctor would you like to have?  
 Clinic: \_\_\_\_\_  
 Doctor: \_\_\_\_\_
6. Are you homeless? \_\_\_\_\_yes \_\_\_\_\_no

Signature

Date

**FAX TO: Community Health Plan Eligibility at 206-521-8834**

**You will be enrolled in the clinic you choose and get the doctor you choose IF POSSIBLE.**

**Check your Community Health Plan ID card next month to see if you got your choice, or call 1-800-440-1561**