



DOCTOR NOMINATION

You can save money on your out-of-pocket health care costs by using doctors and health care providers who participate with the AmeriHealth Administrators Participating Provider Network.

Over 50,000 doctors and other health care providers participate with AmeriHealth Administrators. Participating providers accept the plan's allowance as their full payment. This limits your responsibility to your annual deductible and coinsurance, or copayment, if applicable to your plan.

To find out if your doctor participates or to get the name of a participating doctor —

- Ask your Provider if he or she participates. *Or ...*
- If you live in PA, NJ, DE, or the NYC greater metropolitan area — Call PreView at 800-445-4755.
- If you live outside the areas listed above, call your Customer Service Representative at the number on your identification card.

If your doctor does not participate —

- Ask your doctor to participate. Then call your Customer Service Representative, and one of our Network Coordinators will contact your doctor. *Or ...*
- Fill out the form inside this brochure and send it to AmeriHealth Administrators.

To fill out this form —

1. Please print all information clearly.
2. Write your name and address in the Member Information box.
3. If you would like us to contact a provider about participating, fill in the Provider Information boxes.
4. Give the form to your Group Leader or send it to us at the address on the back of the brochure.

MEMBER INFORMATION

Your name _____

Home address _____

City, state, zip code _____

Employer's name _____

Employer's zip code _____

PROVIDER INFORMATION

Doctor/Practice name _____

Doctor/Practice address _____

City, state, zip code _____

Doctor/Practice telephone number _____

Doctor's specialty _____

PROVIDER INFORMATION

Doctor/Practice name _____

Doctor/Practice address _____

City, State, zip code _____

Doctor/Practice telephone number _____

Doctor's specialty _____

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