Enrollment Form

Easy as 1-2-3!

1. **Please mark one box** to show how you want to get health care for the people in your family.

   - [ ] Amerigroup Washington Inc. (AMG)
   - [ ] Community Health Plan of Washington (CHPW)
   - [ ] Coordinated Care of Washington (CCW)
   - [ ] Molina Healthcare of Washington Inc. (MHW)
   - [ ] United Health Care Community Plan (UHC)
   - [ ] FEE FOR SERVICE
   - [ ] PCCM CLINIC

2. **Write the name of the doctor or clinic you would like for each person.** All doctors and clinics you list must be in the plan you choose above. Call the doctors to see if they are with the health plan.

<table>
<thead>
<tr>
<th>Client ID</th>
<th>Client Name (Last, First, MI)</th>
<th>Excellent</th>
<th>Very Good</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Special Health Condition or Developmental Delay?</th>
</tr>
</thead>
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</table>

   **How would you rate this person's Health?**

   - [ ] Excellent
   - [ ] Very Good
   - [ ] Good
   - [ ] Fair
   - [ ] Poor
   - [ ] Yes
   - [ ] No

   **Doctor or Clinic:**

   - [ ]

   **Doctor or Clinic:**

   - [ ]

   **Doctor or Clinic:**

   - [ ]

   **Doctor or Clinic:**

   - [ ]

   **Doctor or Clinic:**

   - [ ]

   **Doctor or Clinic:**

   - [ ]

3. **Is anyone above pregnant or having surgery?**

   - [ ] Pregnant  Family Member’s Client ID: __________________________ Due Date: ____________
   - [ ] Doctor or clinic: __________________________

   - [ ] Scheduled for surgery  Family Member’s Client ID: __________________________ Date: ____________

Signature __________________________ Date ____________

**Choose ONE way to let us know your choice.**

- Sign up on line: [https://www.WAProviderOne.org/client](https://www.WAProviderOne.org/client)
- Call our automated system anytime: 1-800-562-3022
- Fill out and mail to: Washington State Health Care Authority, PO Box 42719, Olympia, WA 98504
- Fill out and then fax to: 1-866-668-1214

If you have questions call 1-800-562-3022, Monday – Friday 7:30 a.m. to 5:00 p.m.
TTY/TDD users call 711 or 1-800-848-5429

**Provider One Number**