

<b>For Office Use Only</b>	
Member #	_____
Ref:	Web _____

How did you hear about GVHP PrimeCare?		
Magazine <input type="checkbox"/>	Employer <input type="checkbox"/>	Radio <input type="checkbox"/>
Newspaper <input type="checkbox"/>	Friend <input type="checkbox"/>	Other <input type="checkbox"/> _____

PRIMARY CONTACT Information:				Select One of the Following	
Last Name		First Name		Middle Initial	
Date of Birth		Social Security #		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Home Address		City		State	Zip Code
Daytime Phone #		e-mail address			
				<input type="checkbox"/> Access Primary Care (\$360) <input type="checkbox"/> Basic Care Access (\$190)	

**IMPORTANT:** If you are electing GVHP PrimeCare you must select a GVHP Family Practice Office for you and your family members. Please check one of the following

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> Beckwith (Urgent Care Center)<br>224-1515 | <input type="checkbox"/> Jenison<br>457-3830 | <input type="checkbox"/> Rockford<br>866-9568 | <input type="checkbox"/> Walker<br>784-4717 | <input type="checkbox"/> Wyoming<br>532-1100 |
|--|--|---|---|--|

ENROLLED FAMILY PARTICIPANTS: <i>Only list participants you wish to enroll in a PrimeCare program at this time</i>				Select One of the Following	
Last Name		First Name		Middle Initial	
Date of Birth		Social Security #		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Relationship to Primary Contact			Phone		
				<input type="checkbox"/> Access Primary Care (\$360) <input type="checkbox"/> Basic Care Access (\$190)	
Last Name		First Name		Middle Initial	
Date of Birth		Social Security #		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Relationship to Primary Contact			Phone		
				<input type="checkbox"/> Access Primary Care (\$360) <input type="checkbox"/> Basic Care Access (\$190)	
Last Name		First Name		Middle Initial	
Date of Birth		Social Security #		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Relationship to Primary Contact			Phone		
				<input type="checkbox"/> Access Primary Care (\$360) <input type="checkbox"/> Basic Care Access (\$190)	
Last Name		First Name		Middle Initial	
Date of Birth		Social Security #		Sex Male <input type="checkbox"/> Female <input type="checkbox"/>	
Relationship to Primary Contact			Phone		
				<input type="checkbox"/> Access Primary Care (\$360) <input type="checkbox"/> Basic Care Access (\$190)	

Payment: <i>Payment must be made in full at the time of purchase. No refunds are available.</i>					
Cash <input type="checkbox"/>	Check <input type="checkbox"/>	Check* #	Credit <input type="checkbox"/>	Credit Card #	Expiration Date:
Name on Card:			Security Code # (3 digit number on back of your card):		
Total Amount Paid:			Date:	Representative:	

\* A \$35 NSF fee will be assessed for any checks returned for non-sufficient funds. Failure to make appropriate payments at enrollment or at the point of service (i.e. office visit co-payment) will result in the suspension of your GVHP PrimeCare package until payment is made in full.

As a Participant of GVHP PrimeCare program, the above participants understand that the program is limited to services outlined in Exhibit A.

\_\_\_\_\_  
Primary Contact's Signature

\_\_\_\_\_  
GVHP PrimeCare Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date