

## CCPA MANAGED CARE PLAN ELECTION FORM

**\*\* Please mark one of the three choices for each payer listed. \*\***

	YES	YES	NO
CCPA Contracted Payer	I agree to be a participating provider.	I agree to participate through CCPA but have an active agreement with this payer.	I do not wish to participate.
Aetna PPO (LCPP)			
CIGNA PPO, POS, HMO, EPO, OAP (LCPP)			
Claritev-Beech Street PPO			
Claritev-Multiplan PPO			
First Health PPO (Aetna)			
Great West PPO, POS, HMO, Open Access (CIGNA)			
HealthSmart (formerly Interplan Health Group PPO)			
Independent Medical Systems PPO (formerly MCS)			
National Preferred Provider Network PPO (NPPN)			
Sagamore PPO			
USA Managed Care Organization PPO			
Zelis (formerly HFN) PPO, POS, EPO			

➤ **Aetna and Cigna contracts are handled by Lurie Children's Pediatric Partners (LCPP).**

Please check this box if you are joining a practice that is a member of Children's Community Physicians Association (CCPA) and you would like to opt-in to the same contracts as the other physicians in your practice. (It is a requirement of membership in CCPA that if one physician in a practice opts-in to one of the CCPA contracts, all of the physicians in that practice must also opt-in to that same contract.)

⇒ *If you check this box, you do not need to indicate individual contract choices above.*

Practice Name: \_\_\_\_\_

Physician Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

\*Physicians practicing in Indiana are not eligible to participate in CCPA's contract with Great West.