Ann & Robert H. Lurie
Children's Hospital of Chicago™
Children's Community Physicians Association

CCPA MANAGED CARE PLAN ELECTION FORM

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

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

☐ Please check this box if you are joining a practice that is a member of 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: _____

PLEASE FAX YOUR COMPLETED, SIGNED FORM TO LaVONNA SWILLEY AT 312.227.9526.

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