



Mail your completed forms and first month premium payment to Medical Associates Health Plans (MAHP).

- Need to **be received in the MAHP office by the last working day of one month to be effective the 1<sup>st</sup> of the following month.**
- Please allow adequate time for mailing to be eligible for the requested effective date.

### **To Enroll, Complete:**

1. **Enrollment Form (Required):**
  - a. Read and complete all the information and questions
  - b. Return the white copy; you keep yellow copy.
2. **Scope of Appointment Form (Required):**
  - a. Read and complete
3. **Authorization for Automatic Transfer of Funds Form (Optional):**
  - a. Read and complete if you would like to pay your premiums directly from your checking or savings account.
  - b. Return the white copy; you keep yellow copy.
4. **Release of Medical Information Form (Optional):**
  - a. Read and complete if you would like a family member or other individual to assist with claims or benefit information on your behalf.
5. Wisconsin Residents Only: **Please complete Supplement to Medicare Form (Required):**
  - a. Fill in your name on front and your current plan information on back
6. Wisconsin Residents Only: **Notice to Applicant (Required):**
  - a. Check appropriate box, sign & date; return white copy and keep yellow copy

### **Premium Payment:**

- Please include the first month premium check payable to ***MAHP or Medical Associates Health Plans***
- If you elect to use the coupon booklet, you will receive your booklet in the mail.
- If you elect automatic bank withdrawal, your first deduction will start the month following your effective date.

If you would like further assistance in completing these forms, please contact our office at (563) 556-8070 or toll free 1-800-747-8900, Monday through Friday, 8:00 am to 5:00 pm. TTY users 1-800-735-2942.

Medical Associates Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Language assistance services are available free of charge. Call 1-866-821-1365 (TTY: 1-800-735-2942).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-821-1365 (TTY: 1-800-735-2942).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-866-821-1365 (TTY: 1-800-735-2942)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-866-821-1365 (TTY: 1-800-735-2942).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-821-1365 (TTY: 1-800-735-2942).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-866-821-1365 (TTY: 1-800-735-2942).