

Ready to sign up for an AmeriHealth HMO plan?

Here are easy step-by-step instructions for filling out the enrollment form. It is important to complete all sections of the enrollment form. If you enroll in one of our Medicare Advantage plans and are currently enrolled in a STAND-ALONE Part D plan, you will be disenrolled from the Part D plan.

SECTION A Personal Information

A

Please check ☒ the box in front of the AmeriHealth Medicare HMO plan you want to enroll in. Then provide the personal information requested.

SECTION B Medicare Insurance Information

B

You will need your Medicare card to complete this section.

SECTION C Your Plan Premium

C

Please check ☒ the box in front of the payment option you prefer. If you are interested in a payment option other than what is shown, please contact us at the number provided.

SECTION D Important Questions

D

Please answer all five questions in this section.

SECTION E Choose Your Provider

E

To complete Section E, you need to select a primary care physician (PCP) from our provider network.

SECTION F Determining Your Enrollment Period

F

Please check ☒ the box in front of the statements that apply to you.

SECTION G Your Signature

G

Please read the information provided, then sign and date your enrollment form. If you are an authorized representative, please provide the information requested.

AmeriHealth offers HMO Medicare Advantage plans with a Medicare contract. Enrollment in AmeriHealth HMO Medicare Advantage plans depends on contract renewal. Benefits underwritten by AmeriHealth HMO, Inc.