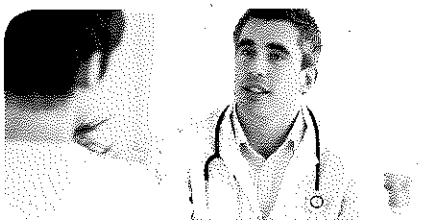
AmeriHealth
NEW JERSEY

Health insurance that pays.℠

Is your doctor part of AmeriHealth HMO or AmeriHealth PPO?

If not, we would like to contact them for possible inclusion in our expanding network.



Please take just a moment to provide the information below and return it to us.

We appreciate any suggestions, and we'll let your doctor know you've made this request.

Your Name _____

Your Employer _____

Today's Date _____

Your Family Doctor (Family/General Practitioner or Pediatrician)

Doctor's Name _____

Group Practice Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone Number (___) _____

Hospital Affiliation (if known) _____

A Specialist Physician

Doctor's Name _____

Group Practice Name (if applicable) _____

Address _____

City _____ State _____ Zip _____

Phone Number (___) _____

Hospital Affiliation (if known) _____

Thank you!