AmeriHealth

TO: **AmeriHealth Enrollment**
P.O. Box 42555
Philadelphia, PA 19101-2555

Enrollment Report: Additions, Changes and/or Removals

Group Number_____ Group Name_____ Effective on _____ billing

Group Address_____ Submitted by_____ Phone no. (_____)_____
City State Zip Code

Name (please print or type)	Identification Number	Please leave blank AmeriHealth only	Effective date of this transaction MM DD YY	Additions (1)	Changes (2)	Removals (3)	Removal Code Number *(4)	Remarks Note Address for all terminations (include zip code)
1_____								_____
2_____								_____
3_____								_____
4_____								_____
5_____								_____
6_____								_____
7_____								_____
8_____								_____
9_____								_____
10_____								_____
Totals								

Total number of items you are reporting = ☐

***REMOVAL CODES**

1. Change to Aetna US Healthcare
2. Chane to BC/BS
3. Change to Commercial HMO.
4. Change to Commercial Insurer.
5. Covered by spouse - Please indicate spouse's I.D.# in remarks column.
6. Transfer from group to group - Please indicate new group number in remarks column.
7. Deceased - If surviving dependents, please indicate in remarks column if dependents should remain in group.

IMPORTANT

Completed Group Application/Change Form must be enclosed with this report.

Follow instructions on reverse side.

General instructions

1. To report new members, changes in coverage or terminations, print the names of the members in the space provided. Opposite each name fill in the identification number and the proposed effective date. Indicate (X) in columns 1, 2 or 3, depending on the type of transaction. Indicate Removal Code Number in column 4. Removal Codes are listed on reverse side.

2. Enter the respective totals of additions and removals at the bottom of columns 1 and 3 on each page.

3. Enter the total number of enrollment items reported in the box provided.

4. Forward this report and any application/change forms (for all additions and changes) to:

Enrollment Department
AmeriHealth Enrollment
P.O. Box 42555
Philadelphia, PA 19103-2555

5. Do not remit payment with this report. You will receive a billing reflecting these changes at a later date.

6. Retain a copy of this report for your records. This will help you verify that requested changes were completed when you receive your bill.

7. If you have any questions concerning this report, billing procedures or enrollment information, please call the telephone number in the upper right corner of your bill.