



CHIP Enrollment Form

Family Account No. 1234567890 Family Name Apartment Number Family Street Name City, TX Zip	✓ Check your health plan. HMO Name HMO Name HMO Name HMO Name	<div style="border: 1px solid black; padding: 5px; background-color: white;"> BAR CODES FOR INDIVIDUAL HMOs </div>
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Look at the health plan Provider list. Choose a first choice Primary Care Provider (PCP) for each child. Write each PCP's number in the box beside each child's name. Now choose a second choice PCP for each child. Write each PCP's number in the box beside each child's name.		Check the box below if child has special health needs-- (serious illness or chronic illness)																																																
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How many children are under a Medical Support Order?	<input style="width: 100%; height: 100%;" type="checkbox"/>
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Signature: _____

System customization of account number, family data, children's names, HMO choice and bar codes.