



ANTHEM PHYSICIAN NOMINATION FORM

To nominate a physician for inclusion in the Anthem Blue Access Choice PPO network, please complete the information below.

For more information about Anthem and the Anthem networks or obtain an application, your physician may utilize the website by going to www.anthem.com.

<i>TO BE COMPLETED BY EMPLOYEE</i>
Name:
Employer: Cooperating School District
<i>TO BE COMPLETED BY EMPLOYEE OR PHYSICIAN</i>
Physician's Full Name:
Specialty:
Group Name (<i>if applicable</i>):
Office Address:
City/State/Zip:
Tax Identification Number (<i>if available</i>):
Telephone Number & Contact Person:

Please note, we will be unable to contact your physician if the above information is not provided

Please return by mail to:

Mercer
Attn: Cooperating School District
701 Market St. Suite 1100
St. Louis, Mo. 63101