Healthy Connections CHOICES

South Carolina Healthy Connections Choices
P.O. Box 8691
Columbia, SC 29202-9255

Health Plan and Doctor Selection Form

Choosing a health plan and doctor for you and your family members is easy! You have 3 ways to choose:

1. **www.scchoices.com**
Fill out this form online. It's fast and easy!

2. Call: 1-877-552-4642 TTY/TTD Line: 1-877-552-4670
We can help you in the language you speak.

3. Fill out this form and mail it back to us.
Or, fax it to 1-877-552-4672.

Before you begin, make sure you read the "How to Choose Your Health Plan and Doctor" guide and the "Health Plan Comparison Chart." They will help you decide. You can find both guides online at www.scchoices.com.

To fill out this form by hand, follow these 3 easy steps:

Step 1: Fill in your Head of Household information.

Step 2: Next, fill out a box for each member of your household that you want to enroll in a health plan (use Name 1 for the 1st family member, Name 2 for the 2nd family member, and so on). Choose a health plan and doctor for these members, too.

Step 3: Make sure to sign your name in the box on the back of this page.

STEP 1: Head of Household Information

Head of Household:	Member ID #:
Birth date: (mm/dd/yyyy) / /	Social Security #: — —
Home address:	Language you speak at home: ☐ English ☐ Spanish ☐ Other: _____
Home phone: ( ) — Cell phone: ( ) —	
E-mail:	

STEP 2: Member Information *If you need more space to write, use another piece of paper and send it in with your form.*

Provide information and select a health plan and doctor for each family member who qualifies for South Carolina Healthy Connections.

Name:	Name:
Birth date: (mm/dd/yyyy) / /	Birth date: (mm/dd/yyyy) / /
Member ID:	Member ID:
Social Security #: — —	Social Security #: — —
Pick a plan: ☐ Absolute Total Care ☐ First Choice by Select Health Plan of South Carolina ☐ Healthy Blue by BlueChoice of SC ☐ Molina Healthcare of South Carolina ☐ WellCare	Pick a plan: ☐ Absolute Total Care ☐ First Choice by Select Health Plan of South Carolina ☐ Healthy Blue by BlueChoice of SC ☐ Molina Healthcare of South Carolina ☐ WellCare
Name of doctor you choose: _____	Name of doctor you choose: _____

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STEP 2: Member Information *(Continued)*

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STEP 3: Sign and date this form before sending it back.

Head of Household Signature: _____ Date: ____/____/____

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