

## Lakewood Regional Medical Center

### INSURANCE PLAN PARTICIPATION

**PLEASE CHECK ALL PLANS IN WHICH YOU ARE CURRENTLY A PARTICIPATING PROVIDER:**

Name: \_\_\_\_\_

<p>           AHA _____ Aetna HMO            APA _____ Aetna PPO            ASH _____ Aetna Senior Health Plan            BCE _____ BCE Emergis PPO            BT _____ Beech Street PPO            BCCC _____ Blue Cross California Care            BCCAL _____ Blue Cross CalOPTIMA            BBP _____ Blue Cross Prudent Buyer PPO            BCSS _____ Blue Cross Senior            BSA _____ Blue Shield HMO            BSP _____ Blue Shield PPO            BLSS _____ Blue Shield Senior            CCSR _____ California Care Senior            CHPSH _____ California Health Plan Senior HMO            CAL _____ Caloptima            CONE _____ Care First Health Plan            CHAMH _____ Champus HMO            CHAMP _____ Champus PPO            CH _____ Cigna HMO            CP _____ Cigna PPO            CCNP _____ Community Care Network PPO            FIRST _____ First Health (ORNDA, EPO)            FRSTP _____ First Health (PPO)            GW _____ Great West            HNCSSR _____ Health Net - Commercial/Senior            HNP _____ Health Net PPO            HL _____ Health Payors Organization PPO            INTPL _____ Interplan PPO            K _____ Kaiser Health Plan            LAC _____ LA Care Health Plan         </p>	<p>           LOS _____ Los Angeles Foundation            2M _____ Medi-Cal            MEDCR _____ Medical Care            1 _____ Medicare            12 _____ Medicare &amp; Medi-Cal            MP _____ Multi-Plan PPO            NA _____ National Preferred Provider Network            0 _____ No Insurance Coverage            OJCF _____ Orange County Foundation            PC _____ PacifiCare HMO            PACP _____ PacifiCare PPO            PACSN _____ PacifiCare Senior            PHNHM _____ Preferred Health Network HMO            PN _____ Preferred Health Network PPO            PCHN _____ Prime Care Health Network            PHCSP _____ Private Healthcare Systems PPO/EPO            PVPY _____ Private Pay            RIVR _____ Riverside County Foundation            SCAN _____ SCAN Health Plan Senior            SC _____ Secure Horizons HMO            UP _____ United Health Plan            UNAHS _____ United Healthcare HMO/Senior            UNA _____ United Healthcare            UPA _____ United Payors/United Providers            UCCAL _____ Universal Care CalOPTIMA            UC _____ Universal Care PPO            USAMC _____ USA Managed Care Organization            WC _____ Workcare, Inc. (WC)            3 _____ Worker's Compensation         </p>
--	--

Please list any other insurances:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please fax back your documents to 562-602-0083**