



IA Health Link Managed Care Organization Enrollment

Welcome to IA Health Link. Please see the enclosed information about each Managed Care Organization (MCO) available to you. You must select one MCO to enroll with. If you do not select a plan, the MCO listed on your enrollment letter will be your MCO. After you complete this form, please return it in the postage paid envelope provided. You do not need a stamp to return this form by mail or you may also fax your completed form to 515-725-1351.

Complete this form with blue or black ink.

Name of Person to Enroll	Date of Birth of Person to Enroll	ID Number of Person to Enroll	Check One MCO
			<input type="checkbox"/> Amerigroup Iowa, Inc. <input type="checkbox"/> UnitedHealthcare Plan of the River Valley, Inc. <input type="checkbox"/> AmeriHealth Caritas Iowa, Inc.
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Reason for changing your MCO: _____

Your Address (Street, City, and Zip Code)

Your Phone Number

Sign Here

If you have questions about how to complete this form, call Member Services at **1-800-338-8366** or locally in the Des Moines area at 515-256-4606, Monday through Friday from 8 a.m. – 5 p.m.

Para solicitar este documento en español, comuníquese con Servicios al Afiliado al teléfono 1-800-338-8366, de lunes a viernes desde las 8 a.m. hasta las 5 p.m.

For telephone accessibility assistance if you are deaf, hard-of-hearing, deaf-blind, or have difficulty speaking, call Relay Iowa TTY at 1-800-735-2942.