



Website Enrollment Form

If you are interested in checking claim status and member eligibility on our Buckeye Community Health Plan website (www.bchpohio.com), please provide us with the following information:

Group Name: _____

Office Manager's Name: _____

Names of providers who practice within your group:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Address: _____

Phone: _____

Fax: _____

Tax ID: _____

Email: _____

Fax completed form to:
866-528-9951 – Akron
866-671-3660 – Toledo
866-753-7543 – Cleveland
866-205-0586 – Cincinnati