



HealthMapRx Sign-Up Form

Several ways to enroll:

1. **Fax the Completed Form to:** 877-828-2467
2. **Mail :** PPCN, 802 Green Valley Rd Ste 106, Greensboro, NC 27408
3. **Enroll Online:** <https://www.ppcn.org/WayneCounty.html>
4. **Email:** michelle.hill@waynegov.com

Program Participating: Diabetes Pre-Diabetes (prescribed medication)

Subscriber Name: _____ Subscriber Date of Birth: _____

Enrollee First Name: _____ Last Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip code: _____ Date of Birth: _____

Email: _____

Business Phone: _____ Home Phone: _____

Mobile Phone: _____ Gender: Female Male

Occupation: _____

Medical Insurance ID#: _____

Preferred Method of Contact:

- Mobile-Message Mobile-Text Email Home Phone-Message
 Home Phone-No Message Business-Message Business-No Message

Ethnicity: African American Asian Caucasian Hispanic Native American Pacific Islander Other

Relationship to Employee: Self Spouse Child Other Retiree: Yes No

Emergency Contact: _____ Relationship: _____ Phone #: _____

Primary Care Provider: _____ **Practice Name:** _____

Please select all providers that are providing you care:

Endocrinologist Cardiologist Psychiatrist Kidney Specialist Other: _____

Practice Name	Provider Name	Specialty

