MPC
Medical Practice Consortium

Colonoscopy $500 Incentive Request Form

NAME OF INSURED PHYSICIAN OR EMPLOYEE: _____

NAME OF INSURED PATIENT: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

DATE OF SERVICE: _____ PHONE#: _____

By my signature below, I certify that on the date of service listed above, 1) I was insured in the MPC medical plan sponsored by my employer, and 2) I received colonoscopy services at the exact facility marked below. I understand the incentive is payable only if I use one of the listed facilities, which were selected due to low costs; this minimizes claims costs and helps control premiums.

SIGNATURE OF INSURED PATIENT: _____

Location		Provider Name
Avon	☐	West Indy Surgery Center[5]
Bloomington	☐	Bloomington Endoscopy Center[1]
Crown Point	☐	St Anthony Medical Center[4]
Elkhart	☐	RiverPointe Ambulatory Surgery Center[4]
Evansville	☐	Deaconess Hospital[2]
	☐	Gastrointestinal Endoscopy Center[1]
Fort Wayne	☐	IU Health Fort Wayne Outpatient Surgery Center (4105 Dicke Rd)[1]
Franklin	☐	Johnson Memorial Health Physician Network[5]
Goshen	☐	Goshen Surgery Center[1]
Greencastle	☐	Putnam County Hospital[4]
Greenfield	☐	Hancock Regional[4]
Indianapolis	☐	Community Endoscopy Center (Fort Harrison)[4]
	☐	Community Surgery Center Plus[2]
	☐	Indianapolis Endoscopy Center[4]
Indianapolis	☐	Northside Gastroenterology Endoscopy Center[1]
	☐	Wellbridge Surgical[3]
Jasper	☐	Jasper Endoscopy Center[1]
Lafayette	☐	Unity Surgical Center[1]
LaPorte	☐	LaPorte Medical Group Surgery[1]
New Albany	☐	Physicians Medical Center[1]
New Castle	☐	Henry County Memorial Hospital[4]
Rockport	☐	Riverview Surgery Center[5]
Scottsburg	☐	Scott Memorial Hospital[4]
South Bend	☐	Michiana Endoscopy Center[2]
	☐	Michiana Gastroenterology[2]
	☐	South Bend Specialty Surgery Center[4]
	☐	The South Bend Clinic[1]
Valparaiso	☐	Porter Regional Hospital[2]
Vincennes	☐	Good Samaritan[4]
Washington	☐	Daviess County Hospital[4]

Colonoscopy services qualify for the incentive if they were received:

[1] *On or after 7/1/2024* [2] *On or after 3/1/2025* [3] *On or after 9/1/2025* [4] *On or after 1/1/2026* [5] *On or after 12/1/2026*

This incentive is available to every physician, employee, and dependent insured in the MPC medical plan. Limited to one reward per person per calendar year.

EMAIL TO ismaia@ismanet.org or FAX to (317) 261-2238. Questions? Call us at (317) 217-1550.