



## Colonoscopy \$500 Incentive Request Form

NAME OF COVERED PHYSICIAN OR EMPLOYEE: \_\_\_\_\_

NAME OF COVERED PATIENT: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF SERVICE: \_\_\_\_\_ PHONE#: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

Location		Provider Name
Bloomington	<input type="checkbox"/>	Bloomington Endoscopy Center <sup>1</sup>
Crown Point	<input type="checkbox"/>	St Anthony Medical Center <sup>4</sup>
Elkhart	<input type="checkbox"/>	RiverPointe Ambulatory Surgery Center <sup>4</sup>
Evansville	<input type="checkbox"/>	Deaconess Hospital <sup>2</sup>
	<input type="checkbox"/>	Gastrointestinal Endoscopy Center <sup>1</sup>
Fort Wayne	<input type="checkbox"/>	IU Health Southwest Fort Wayne Ambulatory Surgery Center <sup>1</sup>
Goshen	<input type="checkbox"/>	Goshen Surgery Center <sup>1</sup>
Greencastle	<input type="checkbox"/>	Putnam County Hospital <sup>4</sup>
Greenfield	<input type="checkbox"/>	Hancock Regional <sup>4</sup>
Indianapolis	<input type="checkbox"/>	Community Endoscopy Center (Fort Harrison) <sup>4</sup>
	<input type="checkbox"/>	Community Surgery Center Plus <sup>2</sup>
	<input type="checkbox"/>	Indianapolis Endoscopy Center <sup>4</sup>
	<input type="checkbox"/>	Northside Gastroenterology Endoscopy Center <sup>1</sup>
	<input type="checkbox"/>	Wellbridge Surgical <sup>3</sup>

Location		Provider Name
Jasper	<input type="checkbox"/>	Jasper Endoscopy Center <sup>1</sup>
Lafayette	<input type="checkbox"/>	Unity Surgical Center <sup>1</sup>
LaPorte	<input type="checkbox"/>	LaPorte Medical Group Surgery <sup>1</sup>
New Albany	<input type="checkbox"/>	Physicians Medical Center <sup>1</sup>
New Castle	<input type="checkbox"/>	Henry County Memorial Hospital <sup>4</sup>
Scottsburg	<input type="checkbox"/>	Scott Memorial Hospital <sup>4</sup>
South Bend	<input type="checkbox"/>	Michiana Endoscopy Center <sup>2</sup>
	<input type="checkbox"/>	Michiana Gastroenterology <sup>2</sup>
	<input type="checkbox"/>	South Bend Endoscopy <sup>4</sup>
	<input type="checkbox"/>	South Bend Specialty Surgery Center <sup>4</sup>
	<input type="checkbox"/>	The South Bend Clinic <sup>1</sup>
Terre Haute	<input type="checkbox"/>	Myers Surgical Associates <sup>4</sup>
Valparaiso	<input type="checkbox"/>	Porter Regional Hospital <sup>2</sup>
Vincennes	<input type="checkbox"/>	Good Samaritan <sup>4</sup>
Washington	<input type="checkbox"/>	Daviess County Hospital <sup>4</sup>

<sup>1</sup>Colonoscopy services received at this facility on or after 7/1/2024 qualify for the incentive

<sup>2</sup>Colonoscopy services received at this facility on or after 3/1/2025 qualify for the incentive

<sup>3</sup>Colonoscopy services received at this facility on or after 9/1/2025 qualify for the incentive

<sup>4</sup>Colonoscopy services received at this facility on or after 1/1/2026 qualify for the incentive

EMAIL TO [ismaia@ismanet.org](mailto:ismaia@ismanet.org); MAIL to ISMA Insurance Agency, 322 Canal Walk, Indianapolis, IN 46202; or FAX to (317) 261-2238. Questions? Call us at (317) 217-1550.

This incentive program is available to every Medical Practice Consortium subscriber and covered dependent. Limited to one reward per subscriber or dependent per calendar year. ***Thank you for taking care of your health and for participating in this program!***