



Colonoscopy \$500 Incentive Request Form

NAME OF COVERED PHYSICIAN OR EMPLOYEE: _____

HOME ADDRESS: _____

CITY, STATE, ZIP: _____

EMAIL ADDRESS: _____

NAME OF COVERED PATIENT: _____

DATE OF SERVICE: _____ PHONE#: _____

SIGNATURE: _____

	Location	Provider Name
<input type="checkbox"/>	Bloomington	Bloomington Endoscopy Center ¹
<input type="checkbox"/>	Elkhart	Elkhart General Hospital ²
<input type="checkbox"/>	Evansville	Deaconess Hospital ²
<input type="checkbox"/>	Evansville	Gastrointestinal Endoscopy Center ¹
<input type="checkbox"/>	Fort Wayne	IU Health Southwest Fort Wayne Ambulatory Surgery Center ¹
<input type="checkbox"/>	Goshen	Goshen Surgery Center ¹
<input type="checkbox"/>	Indianapolis	Community Surgery Center Plus ²
<input type="checkbox"/>	Indianapolis	Northside Gastroenterology Endoscopy Center ¹
<input type="checkbox"/>	Jasper	Jasper Endoscopy Center ¹
<input type="checkbox"/>	Lafayette	Unity Surgical Center ¹
<input type="checkbox"/>	LaPorte	LaPorte Medical Group Surgery ¹
<input type="checkbox"/>	New Albany	Physicians Medical Center ¹
<input type="checkbox"/>	South Bend	Michiana Endoscopy Center ²
<input type="checkbox"/>	South Bend	Michiana Gastroenterology ²
<input type="checkbox"/>	South Bend	The South Bend Clinic ¹
<input type="checkbox"/>	Valparaiso	Porter Regional Hospital ²

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

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

EMAIL TO 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!**