



PrimeTime Membership Application

Name _____

Address _____

City _____ Zip _____

Phone _____ Phone _____

Email _____

Marital Status:

Married

Spouses Name: _____

Single

Widowed

Your Physician (s) _____

Have you ever received care at DMH? Yes No

I hereby make application for membership in PrimeTime. I anticipate receipt of my PrimeTime membership card in two weeks at the address provided above.

Signature _____ Date _____

Print and mail to:

DMH PrimeTime, 2300 N. Edward St., Decatur, IL 62526