



MASSACHUSETTS  
MEDICAL SOCIETY

*Every physician matters, each patient counts.*



# Physician Group Enrollment Form

**NEW GROUPS** *(groups of five or more physicians qualify)*



**YES!** I am interested in the Group Enrollment Membership Discount of up to 30%. Please contact me about coordinating group enrollment.

## PHYSICIAN GROUP INFORMATION

Group Name: \_\_\_\_\_

Group Network: \_\_\_\_\_

Main Address: \_\_\_\_\_

Main Phone: \_\_\_\_\_

Number of Locations: \_\_\_\_\_

Web Address: \_\_\_\_\_

Total Physicians in Group: \_\_\_\_\_ Total Physicians for Group Enrollment: \_\_\_\_\_

## PHYSICIAN GROUP CONTACT

### Group Medical Director

### Group Coordinator

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Please email this Group Enrollment Form to [groups@mms.org](mailto:groups@mms.org).

For more information on billing options and group enrollment information, please contact [groups@mms.org](mailto:groups@mms.org) or call (781) 434-7143.

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[massmed.org/groupenrollment](http://massmed.org/groupenrollment)