



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

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

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

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

**To submit an application and group roster online, visit [www.massmed.org/groupenrollment](http://www.massmed.org/groupenrollment)**

Or, fax this form and your group roster to (781) 893-2105.

Mail materials to MMS Membership Services at the address below.

**Questions? Contact the Member Information Center at [groups@massmed.org](mailto:groups@massmed.org) or (800) 322-2303, ext. 7311**