



Fill out and submit this form. Member Services will get in contact with you shortly to initiate your membership

I am currently a member of Heritage Victor Valley Medical Group _____

I am currently not a member of Heritage Victor Valley Medical Group _____

Program interested in _____

First Name: _____

Last Name: _____

Date of Birth: _____

Current Primary Care Physician: _____

Current Health Plan: _____

Cell Phone #: _____

E-mail Address: _____

____ Please check here if you do NOT want to receive information about, Heritage fitness, health & medical programs, You may receive 2 texts per month, standard rates may apply and you can opt out anytime. Text terms and privacy policy @ hvvmg.com



760-261-6400 or 1-800-655-9999

members@hvvmg.com