

SOUTHERN REGION:

**Lake, Marin Mendocino, Napa, Solano, Sonoma and
Yolo Counties**

Submitting Primary Care Provider Selection Forms

Completing the Selection Form:

1. Make sure the Selection Form is complete and legible.
2. If the Medi-Cal ID or SSN number is not included it may not be possible to identify the member and process the selection.
3. Members must be advised of all PCP choices available to them.
4. Members must sign and date the Selection Form. Selection Forms that are not signed or dated will not be processed.
5. Submit Selections Forms daily to ensure timely processing of selections.

Providers can submit Selection Forms by faxing to:

Fax: (707) 863-4415

Reminder!

**Selection Forms that are not legible or complete will
not be processed.**