

## Primary Care Provider (PCP) Selection Form

### How to choose your primary care provider (PCP)

1. Fill in all shaded areas of this form for all family members listed.
2. Pick 2 PCPs for each family member from the Provider Directory. Pick 2 PCPs that are accepting new patients.
3. Write the PCP names and their numbers in the shaded areas.
4. Sign this Form. Unfortunately, we cannot process unsigned forms.

If you want a PCP that is not accepting new patients or if you have any questions, please call us at **(800) 863-4155**.

TTY/TDD users can call the California Relay Service at **(800) 735-2929** or call **711**.



<<First Name>> <<Last Name>>	<<ID Number>>	<<DOB>>
<b>PCP Selection</b>		
Name of PCP – 1 <sup>st</sup> Choice	PCP# from Provider Directory	
Name of PCP – 2 <sup>nd</sup> Choice	PCP# from Provider Directory	
<<First Name>> <<Last Name>>	<<ID Number>>	<<DOB>>
<b>PCP Selection</b>		
Name of PCP – 1 <sup>st</sup> Choice	PCP# from Provider Directory	
Name of PCP – 2 <sup>nd</sup> Choice	PCP# from Provider Directory	
<<First Name>> <<Last Name>>	<<ID Number>>	<<DOB>>
<b>PCP Selection</b>		
Name of PCP – 1 <sup>st</sup> Choice	PCP# from Provider Directory	
Name of PCP – 2 <sup>nd</sup> Choice	PCP# from Provider Directory	
<<First Name>> <<Last Name>>	<<ID Number>>	<<DOB>>
<b>PCP Selection</b>		
Name of PCP – 1 <sup>st</sup> Choice	PCP# from Provider Directory	
Name of PCP – 2 <sup>nd</sup> Choice	PCP# from Provider Directory	

Provide the following information for anyone listed on the form who is pregnant.

Name: \_\_\_\_\_ Due Date: \_\_\_\_\_

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

If the address printed on your envelope is incorrect, please fill in your current mailing address:

Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

PHC is required to report your address and phone number changes to your county's Medi-Cal office. This excludes members receiving SSI benefits.

I understand that if I do not choose a PCP, PHC will assign one to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_