

# Primary Care Provider (PCP) Selection/Change Form



Choosing a primary care physician is a requirement of the plan. If you do not choose one, one will be assigned to each plan member.

Is this a:  New PCP Selection  Change of PCP

To select or change your PCP, you can call ProviDRs Care Customer Service, 800-801-9772 and select option 4 for assistance or this form and return it to ProviDRs Care via fax or mail (see bottom of form). Your request will be effective the first of the month following the receipt of your request.

## Part 1: Member Information *(Please provide the plan member's information and print clearly)*

Last Name	First Name	Middle Initial
Member Medical Plan ID#	Member Phone# (with area code)	Member Date of Birth (mm/dd/yyyy)
Group Name:		Group#

## Part 2: PCP Selection/Change Information *(Please provide information about your PCP and print clearly)*

Plan Member Name (Last, First names)	Physician Name	Physician Address
Spouse Name (Last, First Name if applicable)	Physician Name	Physician Address
Dependent 1 Name (Last, First Name)	Physician Name	Physician Address
Dependent 2 Name (Last, First Name)	Physician Name	Physician Address
Dependent 3 Name (Last, First Name)	Physician Name	Physician Address
Dependent 4 Name (Last, First Name)	Physician Name	Physician Address

If you need to list additional dependents, please continue on the back or call 800-801-9772 and select option 4 for assistance.

## Part 3: Reason for the PCP Selection/Change Request (please check one of the boxes below):

- Already a patient with requested PCP
  Referred by family/friend  
 Different primary care provider preferred
  Unsatisfied with assigned PCP  
 Convenient location and/or hours  
 Other:

Print name of Member or responsible party	Signature of Member or responsible party
Date (mm/dd/yyyy)	<b>NOTE:</b> Forms not signed or completed correctly will not be processed, and your primary care provider (PCP) change will not occur.

Mail completed form to: 1102 S. Hillside, Wichita, KS 67211  
Or, fax completed form to: 316-683-6255