



## Primary Care Provider (PCP) Selection Form SOUTHERN REGION: Lake, Marin, Mendocino, Napa, Solano, Sonoma and Yolo Counties

Please fill out this form for yourself and each member of your family who has Medi-Cal. Use PHC's list of Primary Care Providers (PCPs) to pick your PCP.

Last Name (Apellido)	First Name (Nombre)	Date of Birth (Fecha de Nacimiento)			Medi-Cal ID # or Social Security No.
		MO (Mes)	Day (Dia)	Yr (Año)	
Name of Doctor or Medical Group (Nombre del médico o grupo medico)		Provider # of Doctor or Medical Group (# de Proveedor de Médico o Grupo)			Provider's Phone Number (Número de teléfono del Proveedor)

Last Name (Apellido)	First Name (Nombre)	Date of Birth (Fecha de Nacimiento)			Medi-Cal ID # or Social Security No.
		MO (Mes)	Day (Dia)	Yr (Año)	
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Last Name (Apellido)	First Name (Nombre)	Date of Birth (Fecha de Nacimiento)			Medi-Cal ID # or Social Security No.
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Name of Doctor or Medical Group (Nombre del médico o grupo medico)		Provider # of Doctor or Medical Group (# de Proveedor de Médico o Grupo)			Provider's Phone Number (Número de teléfono del Proveedor)

1. Provide the following information for anyone listed on this form that is pregnant:  
Name: \_\_\_\_\_ Due Date: \_\_\_\_\_
2. I understand that I have a choice of Primary Care Providers (PCPs) that are contracted with Partnership Health Plan of California (PHC).
3. I understand that if I do not choose a PCP, PHC will assign one to me.
4. I understand that I can change my PCP and that the change will be effective the first of the month after the change was requested.

To ensure that we have the most current information, please provide the following information:  
Address: \_\_\_\_\_ City: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

How would you like to receive your PHC Member Newsletter?     E-Mail     Regular Mail

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

Return to: Partnership Health Plan of California, 4665 Business Center Drive, Fairfield, CA 94534 or you can fax to  
**(707) 863-4415.**