



**Do you have a Primary Care Provider (PCP)?**

If you have not picked a PCP or would like to change your PCP, please fill out this form. You can also use this form to pick or change a family member's PCP. **Need help picking a PCP?** Call toll-free 844-827-6572 (TTY users, please dial 711)

**Ready to submit?**

**Fax** this form to OHSU Health Services: 503-243-3959

Or

**Mail** this form to OHSU Health Services:

**OHSU Health Services**

**Attn: Membership Accounting**

P.O. Box 40384

Portland, Oregon 97240

Pick a PCP for you and your dependents by completing the form below.

**Your information**

Your name	Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient?
				Yes No

**Members in your family**

Your family member's name	Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

**Signature**

Signature	Date
Relationship to member	Phone