**Primary Care Provider (PCP) Change Form**

Usted puede recibir este documento en otro idioma, impreso en letra más grande o de cualquier otra manera que sea mejor para usted. También puede solicitar un intérprete. Esta ayuda es sin costo.Llame al número gratuito 800-431-4135, TTY: 711. Aceptamos llamadas del servicio de retransmisión.

*You can get this letter in another language, large print, or another way that’s best for you. You can also request an interpreter. This help is free. Call 800-431-4135, TTY: 711. We accept all relay calls.*

If you want a new primary care provider (PCP), please fill out this form below and return it to us. The change will take effect the day the form is signed, unless you ask for a different effective date: \_\_\_/\_\_\_/\_\_\_\_\_\_\_

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| --- |
|  **Member Information**  |
| Last Name: |  First Name: | MI: |
| Date of Birth: | Member ID Number: |  |
|  **Change of Primary Care Provider (PCP)**  |
| Requested PCP Name: |
| Clinic Name: |
| Provider NPI Number (optional): |

Member or Parent Signature Date

## Mail completed form to: Fax or email the completed form:

PacificSource Community Solutions 541-322-6423

PO Box 5729 CommunitySolutionsCS@PacificSource.com

Bend, OR 97708-5729

If you have any questions or need help, please call our Customer Service Department at

800-431-4135, TTY: 711. We accept all relay calls.

We are open**:**

* **October 1 - January 31:** 8:00 a.m. to 8:00 p.m. local time zone, seven days a week.
* **February 1 - September 30:** 8:00 a.m. to 5:00 p.m. local time zone, Monday-Friday.

Sincerely,

Customer Service Team

PacificSource Community Solutions

Enclosure(s): Nondiscrimination Notice