

Primary Care Provider (PCP) Change Form



Please complete this form and return it to the appropriate contact listed below based on your health plan: PacificSource Health Plans, PacificSource Community Health Plans (Medicare), or PacificSource Community Solutions (Medicaid/Oregon Health Plan).

If you have Medicare and Medicaid coverage, please check that your new PCP accepts them both.

Member information

Last name _____ First name _____ MI _____

Date of birth _____ Member ID number _____

New PCP information

Requested PCP name _____

Clinic name _____ Provider NPI number (optional) _____

Effective date for PCP change (this will take effect on the date you sign your form unless you request a different effective date) _____

Member or representative signature _____ Date _____

Printed name of representative _____ Relationship to member _____

Instructions for submitting your form

PacificSource Health Plans (Commercial)

- Email or fax the completed form:
CS@PacificSource.com
541-684-5264
- Mail completed form:
PacificSource Health Plans
PO Box 7068
Springfield, OR 97475-0068

PacificSource Community Health Plans (Medicare)

- Email or fax the completed form:
MedicareCS@PacificSource.com
541-322-6423
- Mail completed form:
PacificSource Medicare
PO Box 7469
Bend, OR 97708-5729

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PacificSource Community Solutions (Medicaid)

- Email or fax the completed form:
CommunitySolutionsCS@PacificSource.com
541-322-6423
- Mail completed form:
PacificSource Community Solutions
PO Box 5729
Bend, OR 97708-5729

Questions?

You can reach us by phone or email:

Members with individual coverage and employer-sponsored coverage

PacificSource Health Plans:
Phone: **888-977-9299**
TTY: 711. We accept all relay calls.
Email: CS@PacificSource.com

Medicare members

PacificSource Community Health Plans (Medicare):
Phone: **888-863-3637**
TTY: 711. We accept all relay calls.
Email: Medicare@PacificSource.com

Medicaid/OHP members

PacificSource Community Solutions (Medicaid):
Phone: **800-431-4135**
TTY: 711. We accept all relay calls.
Email: CommunitySolutionsCS@PacificSource.com



You can also chat with us through our secure member portal, InTouch for Members. Sign in or create your account at PacSrc.co/InTouch.

PacificSource Health Plans (Commercial) | PacificSource Community Health Plans (Medicare) | PacificSource Community Solutions (Medicaid)

You can get this document 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.

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

