Primary Care Provider Selection Form



Mail your completed form to: P.O. Box 4327, Portland, OR 97208-4327, or fax to: 503-574-8208

NOTE: You can also login to your myProvidence account to select a PCP directly. Go to "PCP Selection" under the "My Providers" drop down in the top navigation bar. Use the search criteria to see PCP options. Then "Select" the PCP of your choice and hit "Accept".

About this form

Members on Oregon health plans must choose a Primary Care Provider (PCP) for themselves and each covered dependent, due to Oregon Senate Bill 1529. This bill requires Oregon health plans, including Providence Health Plan, to assign a PCP to members who live in Oregon within 90 days of enrollment.

If you do not choose a PCP within the 90 days, we will assign one to you. For more information visit, ProvidenceHealthPlan.com/SB1529

IMPORTANT: This PCP assignment does not change your benefits or access to other in-network providers, as outlined by your health plan benefits. It is simply an assignment within our system.

1. Subscriber Information

FIRST NAME	MI	LAST NAME	PHONE	
MEMBER ID NUMBER	GROUP NUMBER	PRIMARY CARE PROVIDER	Office submitting on member's behalf?	Yes No

2. Dependent Information and Primary Care Provider (PCP) Selection

Please indicate member information and PCP selection below. Refer to the provider directory available at **ProvidenceHealthPlan.com/FindAProvider** for PCP options. If you need more space, please use a separate page.

FIRST NAME	LAST NAME	MI	MEMBER ID #	PRIMARY CARE PROVIDER

Contact Information

For more information about your plan benefits and/or information about a specific Primary Care Provider, please contact customer service at **503-574-7500** or **800-878-4445 (TTY: 711)**, or send a secure message through **myProvidence.com**.*

*After enrollment and upon creation of a free myProvidence account.