



Primary Care Physician Selection/Change of Address Form

Instructions

Please fill out this form for yourself or for any member(s) of your household who receives CareAdvantage Cal MediConnect (Medicare–Medicaid Plan), HealthWorx, Healthy Kids, Medi-Cal, or San Mateo County ACE through Health Plan of San Mateo (HPSM).

Please sign this form on the bottom line. You can mail this form to HPSM, 801 Gateway Blvd., Suite 100, South San Francisco, CA 94080 or fax to the appropriate number below.

If you have any questions about this form, please call HPSM:

Members of:
CareAdvantage CMC
1-866-880-0606
TTY: **1-800-735-2929** or dial **7-1-1**
Fax: **650-616-2190**

Members of:
HealthWorx | Healthy Kids | Medi-Cal | San Mateo County ACE
1-800-750-4776 or **650-616-2133**
TTY: **1-800-735-2929** or dial **7-1-1**
Fax: **650-616-8581**

Member Information (Please print)

Last Name		First Name		HPSM I.D. Number	
Date of Birth	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Your Primary Language:	

Please check the box for the program you are enrolled in:

- CareAdvantage CMC HealthWorx Healthy Kids Medi-Cal San Mateo County ACE

Change of Address

Please **print** the new address below.

Street Address (Change of Address)			Apt / Unit Number	Home Telephone
City	State	Zip Code	Cell Phone	

PCP Selection / Change (Please print)

- Please choose from the Provider List provided.
- Please make **two** choices in case your First choice is not available.
- * If you do not choose a PCP, HPSM may automatically assign a PCP.**

PCP Choice 1	PCP Choice 2
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I understand and agree to seek care only through my Primary Care Physician for all health care services unless I need emergency care.

I understand my HPSM ID Card will contain the effective date of my PCP selection and that my selection of that doctor will continue unless I request a transfer to another doctor, or my doctor discontinues his/her contract with the Plan, or I am no longer eligible with HPSM. I understand that if my coverage is discontinued and then restored, I need to contact HPSM to report my Primary Care Physician selection.

I understand that Primary Care Physician changes are effective on the 1st of the following month after the form is received.

Signature	Date
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