

Primary Care Provider (PCP) Change Form

How to choose a primary care provider that is right for you;

1. Use the online search form at www.hpsm.org/provider-search to search by provider name, health plan, location or type of provider. You can also refer to your printed provider directory to browse the list of all providers in your plan.
2. Choose two providers (first and second choice, in case your first choice is not available) that are accepting new patients from your plan.
3. Enter the name of the provider and the NPI number for *PCP Choice 1* and *PCP Choice 2*
4. Review the entire form to make sure it is complete and accurate, then sign at the bottom.
5. If you need to report a change of address, complete the form on the reverse side.
6. You can mail this form to HPSM, 801 Gateway Blvd., Suite 100, South San Francisco, CA 94080, fax to the appropriate number below or email it to customersupport@hpsm.org.

If you have any questions or require assistance, please call HPSM:

CareAdvantage Members:

Phone: **1-866-880-0606**

TTY: **1-800-735-2929** or dial **7-1-1**

Fax: **650-616-2190**

Medi-Cal, San Mateo County ACE and Healthworx (HMO) Members

Phone: **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 Member I.D. Number	
Date of Birth		Gender	Male	Female	Your Primary Language		
Home Phone				Cell Phone			
Please check the box for the program you are enrolled in:							
<input type="checkbox"/>	CareAdvantage	<input type="checkbox"/>	HealthWorx HMO	<input type="checkbox"/>	Medi-Cal	<input type="checkbox"/>	San Mateo County ACE

Primary care provider selections *(please print)*

PCP Choice 1				NPI Number		PCP Choice 2		NPI Number	
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I understand that if I do not choose a PCP, HPSM may automatically assign me a PCP.

I understand and agree to seek care only through my PCP for all health care services unless I need emergency care. I will see my PCP for all non-emergency care unless I request a transfer to another doctor, my doctor discontinues their contract with the HPSM, or I am no longer eligible with HPSM.

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

Signature

Date