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Provider Selection Form for HPSM Physicians Accepting Established Patients Only (EPO) CareAdvantage Form

Our records indicate that your office is restricted to accept HPSM members who are Established Patients Only. This document will serve as consent to allow a CareAdvantage member to be assigned to your office for Primary Care Services. For this change to take place this form must be signed by an authorized employee of your practice and parent/member (if available). All changes will be effective from the first day of the following month as long as the form is received by the 20th day of the current month and the member remains eligible for CareAdvantage.

_____	To: HPSM CareAdvantage Department Fax: 650-616-2190
Date	
_____	_____
Provider	Provider Number

Contact Person/Title	
_____	_____
Phone Number	Fax Phone Number

Yes No **I am authorizing this member to be assigned to this office for primary care.**

_____	_____
Authorizing Signature	Print Name

Yes No **I am authorizing the above provider to be my primary care physician.**

_____	_____
Signature	Print Name

_____	_____
Member Identification Number	Member Date of Birth (XX/XX/XXXX)

If you have any questions call a CareAdvantage Navigator at **1-866-880-0606**. Our call center hours are Monday through Sunday, 8:00am to 8:00pm. TYY users can call **1-800-735-2929** or dial **711**. If the form is received by the 20th of the month, effective date is the first of the following month. If form is received after the 20th of the month, effective date will be in two months, on the first of the month.