HealthPlan OF SAN MATEO
Healthy is for everyone

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

Medi-Cal Form

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

_____	**To: HPSM Member Services Department Fax: 650-616-8581**
Date	
_____	_____
Provider Name/Group	Provider Number
_____	
Contact Person/Title	
_____	_____
Phone Number	Fax Phone Number

I am authorizing the above provider to be my primary care physician. If this form is received by the 22nd of the month, effective date is the first of the following month.

_____	_____
Member's Name	Guardian/Member Signature
_____	_____
Member Identification Number	Member Date of Birth (XX/XX/XXXX)

If you have any questions you may call a Member Services Representative at **1-800-750-4776**.