



**PCP SELECTION FORM**

Healthy Options  Basic Health  CHIP  Disability Lifeline  Washington Health  Medicare

From PCP \_\_\_\_\_

To PCP \_\_\_\_\_ Location \_\_\_\_\_

	MEMBER LAST NAME	MEMBER FIRST NAME	DOB	CHP ID or SSN
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Member signature \_\_\_\_\_ Date \_\_\_\_\_

**All changes are effective the first day of the month following the date of this request.**

**FOR NEWBORNS ONLY**

(For correct assignment, Community Health Plan must receive form within 15 days of birth.)

Healthy Options  Basic Health  CHIP  Washington Health

Newborn's name \_\_\_\_\_  
Last First Middle

Date of birth \_\_\_\_\_ Sex \_\_\_\_\_

Newborn's requested PCP \_\_\_\_\_ IPA/Panel ID \_\_\_\_\_

Mother's full name \_\_\_\_\_  
Last First Middle

Mother's Social Security or Community Health Plan # \_\_\_\_\_ Mother's Provider One # \_\_\_\_\_

Mother's assigned PCP \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

**Form completed by clinic or customer service representative:**

\_\_\_\_\_ Phone \_\_\_\_\_

This form supplies Community Health Plan with the information needed to assign a newborn to the correct PCP and to correctly assign member information to the newborn. Incorrect information may result in an incorrect PCP assignment or duplicate newborn records. If Community Health Plan does not receive a newborn PCP selection form within 15 days of birth, the newborn will be assigned to the mother's PCP (if applicable). If this form is not received and the newborn sees a doctor who is not the newborn's assigned PCP, the PCP does not have to authorize the visit.