



**Primary Care/ Main Doctor Detail**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Agree to take patient(s) listed below:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Primary Care Physician (PCP) / Main Doctor Change Form**

**FOR MEMBERS:**

Do you want to change your main doctor? Here is what you can do:

- You may pick one main doctor or clinic for the whole family
- Each member may choose his/her own main doctor or clinic
- You must list each family member on this form even if you select the same main doctor or clinic.

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City/State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

| All items below MUST be filled out and faxed today   Fax to 209.461.2550 |           |                         |     |  |               |
|--|-----------|-------------------------|-----|--|---------------|
| First Name   | Last Name | CIN # or HPSJ Member ID | DOB | Main Doctor or main Doctor's Clinic Name | Place/Address |
|  |           |                         |     |  |               |
|  |           |                         |     |  |               |
|  |           |                         |     |  |               |
|  |           |                         |     |  |               |
|  |           |                         |     |  |               |

New Member ID cards will be mailed to you **within 14 days** of choosing your new main doctor or clinic. Make sure to always carry your Health Plan of San Joaquin (HPSJ) ID card with you. **Have questions? Call 888.936.PLAN (7526) TTY/TDD 711**

**FOR PROVIDERS:**

**Note:** If the member has **not** accessed care from their assigned PCP during this month, the change can be made effective to the 1st of this month. If not, the PCP change will be made the 1st of next month.

**Has any member listed above been seen by another PCP this month?** Yes \_\_\_ No \_\_\_

**Member facts:** Existing Member: \_\_\_\_\_ New Patient: \_\_\_\_\_

**Was member seen in the office today?** Yes \_\_\_ No \_\_\_

**Reason for today's visit:** \_\_\_\_\_

**Member's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**Primary Care/ Main Doctor Detail**

Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_  
 Agree to take patient(s) listed below:  
 \_\_\_\_\_  
 \_\_\_\_\_

**Formulario de Cambio de Doctor Principal/Médico Primario**

**PARA MIEMBROS:**

¿Desea cambiar de doctor principal? Puede hacer esto:

- Puede elegir un doctor o una clínica principal para toda la familia
- Cada miembro puede elegir su propio doctor o clínica principal
- Se debe incluir a cada miembro de la familia en este formulario, incluso si elige el mismo doctor o clínica principal para todos

Nombre: \_\_\_\_\_ Teléfono celular: \_\_\_\_\_ Teléfono de la casa: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad/estado: \_\_\_\_\_ Código postal: \_\_\_\_\_

| Nombre | Apellido | N.º de identificación de miembro de HPSJ/ de la tarjeta | Fecha de Nacimiento | Nombre del doctor o de la clínica principal | Lugar/ dirección |
|--------|----------|---|---------------------|---|------------------|
|        |          |   |                     |   |                  |
|        |          |   |                     |   |                  |
|        |          |   |                     |   |                  |
|        |          |   |                     |   |                  |
|        |          |   |                     |   |                  |

Le enviaremos las nuevas tarjetas de identificación de miembro dentro de los 14 días de haber elegido su nuevo doctor o clínica principal. Asegúrese de llevar siempre con usted la tarjeta de identificación de Health Plan of San Joaquin (HPSJ). **¿Tiene preguntas? Llame al 888.936.PLAN (7526) TTY/TDD 711**

Firma del Miembro: \_\_\_\_\_ Fecha: \_\_\_\_\_

**FOR PROVIDERS:**

**Note:** If the member has **not** accessed care from their assigned PCP during this month, the change can be made effective to the 1st of this month. If not, the change will be made the 1st of next month.

Has any member listed above been seen by another PCP this month? Yes \_\_\_ No \_\_\_

Member facts: Existing Member: \_\_\_\_\_ New Patient: \_\_\_\_\_

Was member seen in the office today? Yes \_\_\_ No \_\_\_

Reason for today's visit: \_\_\_\_\_