



**This form is for (check one):**

- HPSJ/MVHP Medi-Cal
- Advantage D-SNP

#### Primary Care Physician Details

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

**Phone:** \_\_\_\_\_

***Agrees to take the patient listed below.***

**IMPORTANT: This form must be uploaded to DRE the same day as completed.**

## Primary Care Physician (PCP)/Primary Doctor Change Form

### FOR MEMBERS

**Do you want to change your primary care doctor? Here is what you can do:**

- You may choose your own primary care doctor or clinic.
- You must list only one member on this form.

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

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

**All items below MUST be filled out.**

<b>First Name:</b>	<b>Last Name:</b>	<b>Date of Birth:</b>	<b>CIN# or Health Plan ID#:</b>
<b>Primary Care Doctor or Clinic Name:</b>		<b>Place/Address:</b>	

Members may receive a confirmation letter by mail within 10 calendar days of the change. Make sure to always carry your Health Plan of San Joaquin/Mountain Valley Health Plan ID card with you.

### HAVE QUESTIONS?

For Medi-Cal-related questions, call Health Plan's Customer Service Team, Monday through Friday, from 8:00 am to 5:00 pm at **1-888-936-7526 (TTY: 711)**.

For Health Plan of San Joaquin/Mountain Valley Health Plan Advantage D-SNP (HMO) Customer Service, call **1-888-361-7526 (TTY: 711)**, 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and Monday to Friday from April 1 through September 30. The call is free. Messages received on holidays or outside business hours will be returned within one business day. You can also visit [www.hpsj-mvhp.org](http://www.hpsj-mvhp.org).

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

### 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 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:**      Routine Care      Preventive Care