



Do You Have a Primary Care Provider (PCP)?

Please let us know. Fax this form to 503-765-3454

- If you don't have a PCP, please select one and fill out this form.
- If you want to change your PCP, please let us know by filling out this form.
- Available PCPs can be found in the provider directory located in the back of the ODS-OHP Member Handbook or by using the provider search on our website at www.odscompanies.com/ohp.

Need Help Selecting a PCP? Please call us:

503-765-3521

1-888-788-9821 (toll free)

503-765-3520 or 1-888-788-9835 (for hearing and speech impaired)



Please fax this form to: 503-765-3454

PCP Name: _____

Your Name: _____

Date of Birth: _____ Medicaid ID: _____

Established Patient: Y N

PCP Name: _____

Your Family Member's Name*: _____

Date of Birth: _____ Medicaid ID: _____

Established Patient: Y N

PCP Name: _____

Your Family Member's Name*: _____

Date of Birth: _____ Medicaid ID: _____

Established Patient: Y N

PCP Name: _____

Your Family Member's Name*: _____

Date of Birth: _____ Medicaid ID: _____

Established Patient: Y N

PCP Name: _____

Your Family Member's Name*: _____

Date of Birth: _____ Medicaid ID: _____

Established Patient: Y N

PCP Name: _____

Your Family Member's Name*: _____

Date of Birth: _____ Medicaid ID: _____

Established Patient: Y N

***For listing PCPs of other ODS-OHP members in your family.**

Note: Please remember to sign below and include a phone number where you can be reached. We will mail you a new ID card with your new PCP listed within 10 days.

X _____ Date: _____

Phone: _____

Relationship to member: _____