

Do you have a Primary Care Provider (PCP)?

You can use this form to select or change a family member's PCP. Please complete and fax to 503-243-3959. Or, if you are a member residing in Morrow, North Lake or Umatilla county, please fax to 541-278-8895.

Your information

Your name	Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient?
				<input type="checkbox"/> Yes <input type="checkbox"/> No

EOCCO members in your family

Your family member's name	Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient?
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

Signature

Signature	Date
Relationship to member	Phone