

Do you have a Primary Care Provider (PCP)?

If you have not picked a PCP or would like to change your PCP, please fill out this form. You can also use this form to pick or change a family member's PCP. **Need help picking a PCP?** Call us at 888-788-9821 (TTY users, please dial 711).

Section 1 Your information

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

Section 2 EOCCO members in your family

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

Section 3 Signature

Signature	Date
Relationship to member	Phone

You can get this form in a different format.
You can ask for another language, large print, a computer disk, audio tape, spoken presentation or Braille. Please call EOCCO Customer Service at 1-888-788-9821. TTY users, please dial 711.

Ready to submit? Fax this form to 503-243-3959
Or, **Mail** this form to EOCCO, P.O. Box 3550, Portland, OR 97208

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