



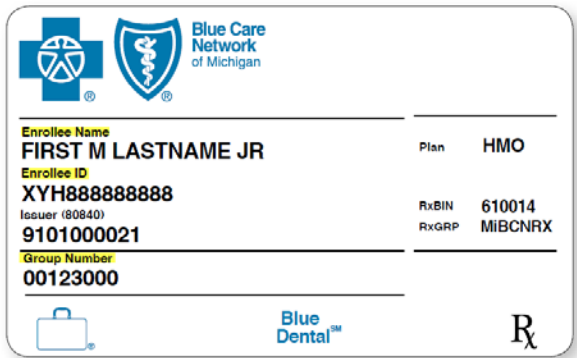
## Physician Selection Form

Select your primary care physician by filling in the information below. You can choose a different one for each member of your family or one doctor to care for your entire family. If you choose one doctor for your entire family, he or she must practice family or general medicine. You cannot choose a specialist as a primary care physician.

If you're new to Blue Care Network, please list every family member on this form, starting with the contract holder and then all dependents.

Last name, first name	Date of Birth	Primary Care Physician	Provider NPI*	Seen in the last 12 months

\*You can find the doctor's name and NPI online at [bcbsm.com/find-a-doctor](http://bcbsm.com/find-a-doctor)



Physician selection effective date \_\_\_\_\_

Enrollee Name \_\_\_\_\_

Enrollee ID \_\_\_\_\_

Group Number \_\_\_\_\_

Enrollee Signature \_\_\_\_\_

Date Signed \_\_\_\_\_

### Need information about available primary care physicians?

Visit [bcbsm.com/find-a-doctor](http://bcbsm.com/find-a-doctor) for the latest information on our affiliated primary care physicians. You can search for a doctor by physician type, city or hospital group. Physician types include family practice, general medicine, internal medicine, pediatric internal medicine and pediatrics.

### Return this form to start your health care partnership

We encourage you to return this form as soon as you enroll so we can notify your doctor of your membership.

### Changing your primary care physician

All changes become effective two business days after we receive your request unless you ask for a specific effective date. You can select the date for your change to be effective on this form. If you change your primary care physician while you're being treated by a specialist, your new doctor must reauthorize the treatment you're receiving. Without this authorization, your treatment may not be covered.

To make a change that's effective immediately, visit [bcbsm.com/find-a-doctor](http://bcbsm.com/find-a-doctor), or call the Customer Service number on the back of your member ID card.

Fax your completed form to 1-877-218-1466, or mail to:  
 Blue Care Network – Mail Code C300  
 P.O. Box 5043  
 Southfield, MI 48086-5043

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