



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 toll-free 888-788-9821 (TTY users, please dial 711)

Ready to submit?

Fax this form to EOCCO: 503-243-3959

Or

Mail this form to EOCCO:

PO BOX 3550

Portland, Oregon 97208

Pick a PCP for you and your dependents by completing the form below.

Your information

Your name	Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient?
				Yes No

EOCCO members in your family

Your family member's name	Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

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.

Eastern Oregon Coordinated Care Organization must follow state and federal civil rights laws. We cannot treat people unfairly in any of our services or programs because of a person's age, color, disability, gender identity, marital status, national origin, race, religion, sex or sexual orientation.

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-888-788-9821 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229 (聾啞人專用：711)