



Wellmark Health Plan of Iowa, Inc. is an Independent Licensee of the Blue Cross and Blue Shield Association.

Failure to fill out this application completely may result in a delay of coverage.

Primary Care Provider (PCP) Selection Form

Use this form to elect your Primary Care Provider.

- A primary care provider must be chosen for each family member; females may also select a participating OB/GYN. (If an OB/GYN is not selected, your PCP should provide these services.)
- You may change your PCP or OB/GYN by submitting this form or calling the customer service number on your ID card. PCP election changes will be effective the first of the month following receipt of your request.

A. Employer Information

Group/Billing Unit No. _____ Group Department No. _____
 Employer Name: _____
 Employer Address: _____ City: _____ State: _____ Zip: _____

B. Employee Information

Name (First, Last): _____ Social Security Number: _____ Effective Date of PCP Selection: ____/____/____

C. PCP Selection

Full Name (First, Last)	Date of Birth MM-DD-YY	Gender (Check one)	Provider Number	PCP Name (First and Last Name)	PCP Address (Office location where you will receive services)	Are you an established patient?*	OB/GYN PCP Provider Number	OB/GYN PCP Name (First and Last Name)	OB/GYN PCP Address (Office location where you will receive services)	Are you an established patient?*
Employee	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No

*If you are not an established patient, you will need to determine if this PCP is accepting new patients. If the provider you listed is not accepting new patients, you will need to select a different PCP. To access a Provider Directory, see http://www.wellmark.com/e_business/prov_dir/prov_dir.htm.