



Blue Cross Personal Choice PPO/BCN Primary Care Physician Selection (see Page 5 for instructions)

<input type="checkbox"/> Non U.S. citizen	Subscriber Social Security number/TIN (required)	Blue Cross/BCN group number	Blue Cross division/BCN subgroup number	BCN class number
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If you are enrolling in Blue Cross Blue Shield of Michigan Personal Choice PPO or Blue Care Network, you need to select a primary care physician for you and each person on your contract. List your selections on this form.

You can choose a different primary care physician for each member of your family, or one to care for your entire family. If you elect to have one doctor for your entire family, you must select a family or general practice physician. You cannot choose a specialist as a primary care physician. You also need to fill out this form if you are already enrolled in Blue Cross or BCN and have decided to change your primary care physician.

Need information about available primary care physicians?

Our website, bcbsm.com/find-a-doctor, provides the most current information on Blue Cross and BCN-affiliated primary care physicians. You can search for a family practice, general medicine, internal medicine, pediatrics, preventive medicine, city or hospital group.

Member information						
	Member's last name, first name	Physician last name, first name	Physician's NPI#	Physician address	If changing PCPs, list reason	Seen in the last 12 months?
Subscriber						<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse						<input type="checkbox"/> Yes <input type="checkbox"/> No
Dep. 1						<input type="checkbox"/> Yes <input type="checkbox"/> No
Dep. 2						<input type="checkbox"/> Yes <input type="checkbox"/> No
Dep. 3						<input type="checkbox"/> Yes <input type="checkbox"/> No
Dep. 4						<input type="checkbox"/> Yes <input type="checkbox"/> No
Group/Employer's name:				Effective date of change:		
I have read and understand the conditions of this form. Subscriber signature:				Date:		

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.

For Blue Cross Blue Shield of Michigan: Fax your complete form to 1-866-900-2619 or 1-866-900-2829
 Or mail to:
 Blue Cross Blue Shield of Michigan Membership and Billing - M.C. 610G
 P.O. Box 2260
 Detroit, MI 48226

For Blue Care Network:
 Fax your complete form to 1-877-218-1466
 Or mail to:
 Blue Care Network
 Membership and Billing - M.C. H300
 P.O. Box 5043
 Southfield, MI 48086-5043

All changes become effective two business days after we receive this form — unless you request a later effective date.

You cannot select an earlier date when you change your primary care physician. If you change your primary care physician while you are being treated by a specialist, your new primary care physician must reauthorize the treatment you are receiving. Your treatment may not be covered until that occurs. You may request to change your primary care physician effective immediately by calling the Customer Service number on the back of your Blue Cross or BCN ID card.

Instructions for completing the *Blue Cross Personal Choice/BCN Primary Care Physician Selection* form on Page 4

- If the responsible individual is not a U.S. citizen, check the box for non-U.S. citizen, Enter a taxpayer identification number in the Social Security number field if the responsible individual checked the box as a non-U.S. citizen. For a U.S. citizen, enter the nine-digit Social Security number (required for all members) of the responsible individual (Example xxx-xx-xxxx).
- Enter each member's last and first name, physician's last name and first name, physician's NPI number, physician's address and the reason for changing your primary care physician, if applicable. Indicate if the primary care physician has been seen in the last 12 months. You can find the physician's NPI number when searching for a doctor on **bcbsm.com/find-a-doctor**.
- Enter the employer's name and the date you changed to this physician.
- In the signature section, sign your full name and enter the date that you signed the form.

Note: Submit the *Blue Cross Personal Choice/BCN Primary Care Physician* form with your *New Subscriber Enrollment* form when enrolling with Blue Cross or BCN.