

Primary Care Physician (PCP) Change Form

You have the right to select any primary care physician who is available and in the network where you live or work. You can choose a different primary care physician for each member of your family, or one to care for your entire family. To select a new PCP:

- Review the Provider Directory online at sutterhealthplus.org/providersearch or contact Sutter Health Plus (SHP) Member Services at (855) 315-5800 Monday through Friday 8:00 a.m. to 7:00 p.m. PST for assistance in locating a participating PCP near you. (TTY/TDD: (855) 830-3500 or call 711 for California Relay Service)
- Complete this form by filling in the sections below, signing and dating where indicated.

Note: PCP changes will be effective the first of the month following the date SHP receives this form.

Section A: Member Information			
Member ID Number:		Group Number:	
Last Name:		First Name:	M.I.:
Street Address:			
City:		State:	Zip:
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date of Birth:	Daytime Phone:
	Member Name (Last, First)	New PCP/Practice Name	New Provider ID#
Subscriber			
Spouse			
Child 1			
Child 2			
Child 3			

(If additional space is needed, please provide on a separate sheet of paper)

Signature	Name (First and Last)	Date
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Please return this completed form to:

Sutter Health Plus
P.O. Box 160345
Sacramento, CA 95816
Phone: (855) 315-5800
Fax: (916) 736-5426

IMPORTANT: Can you read this form? If not, we can have somebody help you read it. You may also be able to get this form written in your language. For free help, please call Sutter Health Plus Member Services (855) 315-5800. (English)

IMPORTANTE: ¿Puede leer este formulario? Si no puede, podemos pedir que alguien le ayude a leerla.

También es posible obtener este formulario en su idioma. Para recibir ayuda gratuita, llame enseguida al departamento de Servicio a los miembros de Sutter Health Plus al (855) 315-5800. (Spanish/ Español)