

Do you have a Primary Care Provider (PCP)?

Use this form to select or change a family member's PCP. Please complete and fax to 503-243-3959. Or, if you are a member residing in Morrow or Umatilla county, please fax to 541-278-8895.

Section 1 Patient information

Last name		First name	M.I.
Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2 EOCCO family member information

Last name		First name	M.I.
Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

Last name		First name	M.I.
Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

Last name		First name	M.I.
Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

Last name		First name	M.I.
Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

Last name		First name	M.I.
Date of birth (mm/dd/yyyy)	Medicaid ID	PCP name	Established patient? <input type="checkbox"/> Yes <input type="checkbox"/> No

Section 3 Authorization

Signature	Date
Relationship to member	Phone

Ready to submit? Fax this form to EOCCO:
Fax: 503-243-3959 (Residents of Morrow and Umatilla counties **Fax:** 541-278-8895)

eooco.com