



**Healthy Blue Living HMO  
BCN Primary Care Physician Selection**

Last Name	First Name	Social Security Number	BCN Group # <b>00124677</b>	BCN Subgroup #	BCN Class #	Emp ID #
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If you are enrolling in 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? The website, [bcbsm.com/find-a-doctor](http://bcbsm.com/find-a-doctor), provides the most current information on BCN-affiliated primary care physicians. You can search for a family practice, general medicine, internal medicine, pediatrics, and preventive medicine.

Member Information						
	Member's last name, first name	Physician last name, first name	Physician NPI #	Physician address	If changing PCPs, list reason	Seen in the last 12 months?
Employee						<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
<b>I have read and understand the condition of this form.</b>				Effective Date of Change		
Employee Signature				Date:		

Instructions for completing the BCN Primary Care Physician Selection form:

- Enter employee's name and 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 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](http://bcbsm.com/find-a-doctor).
- Enter the effective date you changed to this physician.
- In the signature section, sign your full name and enter the date you signed the form.

Note: All changes become effective two business days after this form is received by BCN (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 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.