



Primary Care Provider Selection Form

Use this form to elect your Primary Care Provider.

- If you've enrolled in a Wellmark Health Plan of Iowa (WHPI) plan a Primary Care Provider (PCP) must be elected for each family member.
- The preferred method to add or change a PCP is through myWellmark.com. Please visit www.mywellmark.com to select your PCP. PCP election changes will be effective the first of the month following receipt of your request.

A. Employer Information

Group Name _____ Group Number _____

B. Employee Information

Name (First, Last) _____ Social Security Number _____

Effective Date of PCP Selection ____/____/____

C. Primary Care Provider Selection¹

Full Name (First, Last)	PCP Enrollment ID	PCP Name (First and Last Name)	PCP Address (Office location where you will receive services)	Are you an established patient? ¹
Employee	-----			<input type="checkbox"/> Yes <input type="checkbox"/> No
Spouse/Domestic Partner	-----			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	-----			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	-----			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	-----			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	-----			<input type="checkbox"/> Yes <input type="checkbox"/> No

¹If 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/HealthAndWellness/FindaDoctor/FindaDoctor.aspx>.