Access+ HMO and NetValue HMO

CalPERS Personal Physician Selection Form

This form must be filled out completely by HMO plan members and returned to Blue Shield of California in the enclosed envelope to ensure your choice of Personal Physician(s). Exclusive provider organization (EPO) plan members do not need to select a Personal Physician.

Return Address: Blue Shield of California Membership, P.O. Box 629019, El Dorado Hills, CA 95762-9814

Subscriber first name	MI Last name						
Address							
City	ZIP code						
E-mail	Social Security number						
Home phone number ()	Work phone number ()						
Is the subscriber and/or his or her dependent(s) enrolled in a Medicare plan? Yes No If so, the subscriber and/or dependent should provide a copy of the Medicare card with this form.							
Blue Shield Access+ HMO® enrollees must select a Personal Physician within their plan service area and listed in							

Blue Shield Access+ HMO® enrollees must select a Personal Physician within their plan service area and listed in the Blue Shield Access+ HMO Physician and Hospital Directory. Blue Shield NetValue MHO enrollees must select a Personal Physician within their plan service area and listed in the Blue Shield NetValue HMO Physician and Hospital Directory. To ensure reasonable access to services, pick a Personal Physician who is located sufficiently close to each family member's home or work address. You may choose the same or a different Personal Physician for each family member. Please refer to the Physician and Hospital Directory to obtain provider number and IPA/medical group (IPA/MG) information requested below. If you do not select a Personal Physician, Blue Shield will assign one to you. If you need assistance, please call our Member Services representatives at (800) 334-5847.

All responses will be kept confidential. Subscribers and all eligible dependents must be enrolled in the same Blue Shield plan.

	□ Male	First name			Last		Date of birth
Self	Personal Physician name Provider No.					IPA/MG name	IPA/MG No.
							☐ Check if current patient
use	□ Male □ Female	First name		MI	Last		Date of birth
Spouse	Personal Phy	nal Physician name Provider No.			IPA/MG name		IPA/MG No. ☐ Check if current patient
Child	□ Male □ Female	First name	MI	Last		Date of birth	
	Personal Physician name Provider No.			IPA/MG name		IPA/MG name	IPA/MG No. ☐ Check if current patient
Child	□ Male □ Female				Last		Date of birth
	Personal Physician name Provider No.			'	IPA/MG name	IPA/MG No. ☐ Check if current patient	
Child	□ Male □ Female			MI	Last		Date of birth
	Personal Physician name Provider No.			'	,	IPA/MG name	IPA/MG No. ☐ Check if current patient