

Medicaid Primary Care Provider (PCP) Selection Form

If your BlueChoice HealthPlan of South Carolina ID card does not show the PCP of your choice, or if you wish to change your PCP for any reason, please follow these directions:

- Call our Customer Care Center at **1-866-781-5094** to speak with a staff member who can help you. If you have hearing or speech loss, you may call the TTY line at **1-866-773-9634**.

OR

- Complete the form below and return it to us within 30 days.

You may choose one PCP for your whole family, or each family member may choose a PCP. You must list each family member on the form even if you select the same PCP.

We will send your new ID cards to you within five days after we receive your form. Always carry your ID card with you.

Please check this box if you are pregnant.

PCP Selection Form

Please print. See the Provider Directory for the names and numbers of your first and second choices.

Member Name (First and Last)	Certificate Number/ CIN Number	1st Choice PCP Name (First and Last)	Provider Number	2nd Choice PCP Name (First and Last)	Provider Number

Your Address

Your Daytime Telephone Number

Your City

Your State

Your ZIP Code

Your Name (please print)

Your Signature

If you have moved, please remember to call us at **1-866-781-5094**. The TTY line is **1-866-773-9634**.

When you are done filling out this form, fold it at the dotted lines on the back. Make sure that the BlueChoice HealthPlan of South Carolina address is facing out. Tape the top edge closed, and drop the form in a mailbox. No stamp is needed.

Choose the PCP who's right for you. Send this form back today!

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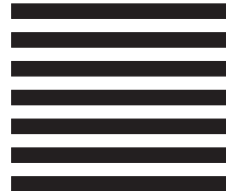




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OF SOUTH CAROLINA
PO BOX 100148
COLUMBIA SC 29202-9259



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