

Primary Care Provider Selection Form Instructions for Provider Submissions

Partnership providers can submit Primary Care Provider (PCP) Selection Forms for their patients. To use this process, members must be advised of all available PCP options.

Our Provider Directory can be found on our website at

<http://www.partnershiphp.org/Members/Medi-Cal/Pages/Find-a-Primary-Care-Provider.aspx>

Selection forms must be:

- Complete
- Legible
- Dated
- Signed by the member or member's authorized representative

Selection forms will **not** be processed if:

- The member or their authorized representative's signature is missing
- The date of the member or authorized representative signature is not included
- The member's Partnership or Medi-Cal identification number is not stated
- The form is not legible or incomplete

Providers can fax selection forms to **(707) 863-4415**.

To expedite processing, providers should fax selection forms daily.