

Physician Selection/Change Form

One of the advantages of being a Group Health or Group Health Options member is that you get to choose your own personal physician. Doing so is important. This is the person who is in the best position to coordinate your care.

Please complete the form below for yourself and each family member. **Remember, each family member can select his/her own personal physician.** To see a list of physicians in your area, visit www.ghc.org or call Customer Service at 1-888-901-4636.

NOTE: If you've already selected your physician on the enrollment form, save this form and use it if you decide to change your physician.

	Last name	First name	MI	Social Security number or member number	Sex M/F	Birth date	Name of personal physician		Current patient?	
							Last name	First name	YES	NO
Subscriber										
Spouse/Domestic Partner										
Dependent										
Dependent										
Dependent										

If this is a change, please indicate reason: _____

Signature _____ Date _____

Please mail or fax this form to:

Group Health Cooperative
 Physician Selection
 P.O. Box 34590
 Seattle, WA 98124-9708
 or fax to 1-888-874-1765

