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 the Blue Shield Access+ HMO Physician and Hospital Directory. Blue Shield NetValue℠ HMO 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.

Self	☐ Male ☐ Female	First name	MI	Last	Date of birth
	Personal Physician name	Provider No.		IPA/MG name	IPA/MG No. ☐ Check if current patient
Spouse	☐ Male ☐ Female	First name	MI	Last	Date of birth
	Personal 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 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 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 No. ☐ Check if current patient