

# Choose your Primary Care Provider (PCP)

- ..... Each InterCommunity Health Network (IHN) Member must choose a PCP.
- ..... Please see the Primary Care Provider (PCP) Directory for a complete list of PCPs from which to choose.
- ..... Your PCP will manage your medical care and make sure that you see other doctors when needed.
- ..... Please list all family members enrolled in InterCommunity Health Network (IHN):

1 Name \_\_\_\_\_ Member ID# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Choice of PCP \_\_\_\_\_  
Is *this* patient currently being seen by this PCP?  Yes  No

2 Name \_\_\_\_\_ Member ID# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Choice of PCP \_\_\_\_\_  
Is *this* patient currently being seen by this PCP?  Yes  No

3 Name \_\_\_\_\_ Member ID# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Choice of PCP \_\_\_\_\_  
Is *this* patient currently being seen by this PCP?  Yes  No

4 Name \_\_\_\_\_ Member ID# \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Phone \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Choice of PCP \_\_\_\_\_  
Is *this* patient currently being seen by this PCP?  Yes  No

**If we do not hear from you within 1 week, we will assign you a PCP.  
For more information, please call 1-800-832-4580.**

Place  
stamp  
here

Samaritan Health Plan Operations  
PO Box 1310  
Corvallis OR 97339-9911

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## Choosing a PCP

Please see the Primary Care Provider (PCP) Directory for a complete list of PCPs from which to choose. If we do not hear from you within 1 week, we will assign you a PCP.

We will send you an ID card with the name of your PCP written on it.

If we have chosen your doctor for you, you may ask for a new PCP by calling IHN in Corvallis at (541) 768-4550, toll free at 1-800-832-4580, or TTY 1-800-735-2900. You can also put your request in writing and mail it to the IHN office at PO Box 887, Corvallis, Oregon 97339.

**FOLD IN HALF AND TAPE TO SEAL. DO NOT STAPLE.**

