



Physician Selection Form

Select your primary care physician by filling in the information below. You can choose a different one for each member of your family or one to care for your entire family. If you choose one doctor for your entire family, the doctor must practice family or general medicine. You cannot choose a specialist as a primary care physician.

If you're new to Blue Care Network, please list every family member on this form, contract holder first and then all dependents.

Last name, first name	Date of Birth	Primary Care Physician	Provider NPI*	Seen in the last 12 months

*You can find the doctor's name and NPI online at bcbsm.com/find-a-doctor



Physician selection effective date _____

Subscriber Name _____

Subscriber ID _____

Group Number _____

Subscriber Signature _____

Date Signed _____

Need information about available primary care physicians?

Visit bcbsm.com/find-a-doctor for the latest information on our affiliated primary care physicians. You can search for a doctor by physician type (family practice, general medicine, internal medicine, internal medicine/ pediatrics and pediatrics), city or hospital group.

Return this form to start your health care partnership

We encourage you to return this form as soon as you enroll so we can notify your doctor of your membership.

Changing your primary care physician

Changes are limited to one every 30 days. All changes become effective two business days after we receive your request — unless you request a specific effective date. You can select the date on this form for your change to be effective. If you change your primary care physician while you're being treated by a specialist, your new doctor must reauthorize the treatment you're receiving. Without this authorization, your treatment may not be covered.

To make a change that's effective immediately, visit bcbsm.com/find-a-doctor, or call the Customer Service number on the back of your Blue Care Network ID card.

Fax your completed form to 1-877-218-1466, or mail to:

Blue Care Network – Mail Code J207
PO Box 44257, Detroit MI. 48244-0257