

Physician selection/change form

One of the advantages of being a Group Health Cooperative or Group Health Options, Inc. 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 get 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									
DEPENDENT									

If this is a change, please indicate reason: _____

Signature _____ Date _____

Please mail this form to:

Group Health Cooperative
Physician Selection
P.O. Box 34590
Seattle, WA 98124-9708

Or fax to: 1-888-874-1765

