



Failure to fill out this form completely may result in a delay of coverage and issuance of ID cards.

## Personal Doctor Selection Form

*Use this form to elect your Personal Doctor.*

- A Personal Doctor must be chosen for each family member; females may also select a participating OB/GYN. (If an OB/GYN is not selected, your Personal Doctor should provide these services.)
- You may change your Personal Doctor or OB/GYN by submitting this form or calling the customer service number on your ID card. Personal Doctor election changes will be effective the first of the month following receipt of your request.

### A. Employer Information

Group/Billing Unit No. \_\_\_\_\_ Group Department No. \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### B. Employee Information

Name (First, Last): \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Effective Date of Personal Doctor Selection: \_\_\_\_/\_\_\_\_/\_\_\_\_

### C. Personal Doctor Selection<sup>1</sup>

Full Name (First, Last)	Date of Birth MM/DD/YY	Gender (Check one)	Provider Number	Personal Doctor Name (First and Last Name)	Personal Doctor Address (Office location where you will receive services)	Are you an established patient? <sup>2</sup>	OB/GYN Personal Doctor - Provider Number	OB/GYN Personal Doctor Name (First and Last Name)	OB/GYN Personal Doctor Address (Office location where you will receive services)	Are you an established patient? <sup>2</sup>
Employee	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>1</sup>HMO plans require a Personal Doctor be selected.

<sup>2</sup>If you are not an established patient, you will need to determine if this Personal Doctor is accepting new patients. If the provider you listed is not accepting new patients, you will need to select a different Personal Doctor. To access a Provider Directory, see <http://www.wellmark.com/HealthAndWellness/FindaDoctor/FindaDoctor.aspx>.

Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., and Wellmark Value Health Plan, Inc. are independent licensees of the Blue Cross and Blue Shield Association.