



## PRIMARY CARE PROVIDER (PCP) SELECTION FORM

Please select a Primary Care Provider (PCP) from the Provider Directory and write the PCP's name and four-digit number.  
All members must enter their full name, ID number and date of birth below.

MEMBER NAME AND GCHP ID NUMBER			
Last name	First name	GCHP ID Number or Medi-Cal ID Number	Date of Birth

CHOOSE A PRIMARY CARE PROVIDER (PCP)	
PCP Name or Clinic Name	PCP / Clinic Four-Digit ID Number

Signature of Member:	Date:
Telephone / Cell Phone Number:	
<p><b>IF YOU NEED HELP OR WISH TO SELECT YOUR PCP BY PHONE, PLEASE CALL GCHP'S MEMBER SERVICES DEPARTMENT BETWEEN 8 A.M. AND 5 P.M., MONDAY – FRIDAY AT 1-888-301-1228. IF YOU USE A TTY, CALL 1-888-310-7347.</b></p>	

**IN ORDER TO SELECT KAISER AS YOUR PCP, THE FOLLOWING CONDITIONS MUST APPLY TO YOU:**

1. You must reside within Kaiser's service area,
2. You must have been a Kaiser member within the past six months, or
3. A newborn of a mother that is a Medi-Cal member and is assigned to Kaiser as her PCP, or
4. Be a qualified, immediate family member living in the same home as a current Kaiser member, see qualifications below:
  - Spouse (including domestic partners)
  - An unmarried dependent child under 21 years of age
  - A disabled dependent over the age of 21 (parent or guardian must be the conservator with court ordered legal power of attorney)
  - Married / unmarried / step parents of children under age 21
  - Foster child or step child
  - Legal guardian
  - A grandparent, parent, guardian or other relative who applied on behalf of a child under 21 years of age is eligible to enroll in Kaiser as a qualified family addition based on having the same Medi-Cal Case Number as the child.

**In addition, you cannot have a Share of Cost (SOC) and/or another medical health insurance policy. Proof of relationship, such as birth or marriage certificate, power of attorney, etc., must be mailed to GCHP.**



**If you meet the conditions above, please provide the required information below:**

Kaiser Member Full Name:	Kaiser Member Date of Birth:
Kaiser Member Medical Record Number:	Your Relationship to Kaiser Member:
Kaiser Member Address:	

GCHP will send your information to Kaiser for validation. If you meet the conditions you will receive information from Kaiser. If Kaiser cannot validate your information, you will be notified and will not be assigned to Kaiser. You will need to select a PCP from the GCHP Provider Directory.

**Note: PCP assignment requests are effective the first day of the following month.**

**Mail your completed form to:**

Gold Coast Health Plan  
P.O. Box 9153  
Oxnard, CA 93031

You will receive a GCHP membership card after returning this form.