Gold Coast Health Plan℠
A Public Entity

www.goldcoasthealthplan.org

PRIMARY CARE PROVIDER (PCP) SELECTION FORM

PLEASE SELECT A PCP FROM THE PROVIDER DIRECTORY AND WRITE THE PCP'S NAME AND 4-DIGIT NUMBER BELOW.

MEMBER NAME AND GCHP ID NUMBER				CHOOSE A PRIMARY CARE PROVIDER (PCP)	
Last Name	First Name	GCHP ID Number or Medi-Cal ID Number	Date of Birth	PCP Name or Clinic Name	PCP/Clinic 4-digit ID Number

To check if you qualify to select Kaiser as your PCP, please see the reverse of this form for additional information.

Note: PCP assignments request are effective the first day of the following month.

Signature of Member or Legal Representative:		Date:	
Telephone Number:		Cell Phone Number:	
E-mail Address:			
Do you have insurance other than Medi-Cal/GCHP?	YES _____ NO _____	If Yes, Insurance Name:	Policy #:

IF YOU NEED HELP OR WISH TO SELECT YOUR PCP BY PHONE, PLEASE CALL GCHP'S MEMBER SERVICES DEPARTMENT BETWEEN 8:00 AM AND 5:00 PM, MONDAY – FRIDAY AT 1-888-301-1228, TTY 1-888-310-7347

Please mail the form back to Gold Coast Health Plan in the prepaid envelope. You will receive a Gold Coast Health Plan membership card after returning this form.

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

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

1. **You must have been a Kaiser member within the past 6 months.**
2. **A newborn of a mother that is a Medi-Cal member and is assigned to Kaiser as her PCP.**
3. **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 age 21**
   - **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 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.

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:			

We will send your information to Kaiser to get it validated. 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.

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