



PCP Enrollment/Change Request Form
Fax to: 1-419-891-5211
Email to: atownsend@ascendanthealthcare.com

Instructions: To select your Sibanye-Stillwater Health Partners Primary Care Physician (PCP) or change your existing PCP, please fax this completed form to 1-419-891-5211 or email to atownsend@ascendanthealthcare.com. Once we receive this form, we will change your PCP designation. Please feel free to contact Sibanye-Stillwater Health Partners at 1-855-537-6768 with questions.

EMPLOYEE INFORMATION			
Employee Name		SS# or Participant ID	
Address			
City	State	Zip	Phone Number
Email		Cell Phone #	
HEALTH PARTNERS PLAN			
Billings Clinic EPO Plan <input type="checkbox"/>		St. Vincent Healthcare EPO Plan <input type="checkbox"/>	
PRIMARY CARE PHYSICIAN SELECTION			
New Member – First Time Selection <input type="checkbox"/>		Change PCP <input type="checkbox"/>	
Employee Name	PCP Name	Effective Date	
Dependent Name	PCP Name	Effective Date	
Dependent Name	PCP Name	Effective Date	
Dependent Name	PCP Name	Effective Date	
Dependent Name	PCP Name	Effective Date	
Dependent Name	PCP Name	Effective Date	
Signature of Member, Parent or Guardian <i>(Required for approval of PCP changes)</i>			Date

HEALTH PLAN USE ONLY	
Name of current PCP	
Name of person requesting change	Date

CONFIDENTIALITY NOTICE: The information you have received may contain protected health information (PHI) and must be handled according to applicable state and federal laws, including, but not limited to HIPAA. Individuals who misuse such information may be subject to both civil and criminal penalties. If you believe you received this information in error, please contact the sender immediately.