

Physician Selection Form



Select your primary care physician by filling in the information below. You can choose a different primary care physician for each member of your family or one to care for your entire family. If you elect to have one doctor for your entire family, the doctor must practice family or general medicine. You cannot choose a specialist as a PCP.

If you are a new member to Blue Care Network, please list every family member on this form, contract holder first and then all dependents.

Last name, first name	Contract number	Date of birth	Primary care physician	Provider code number

Group/Employer's name _____

Physician change effective date _____

Member's signature _____ Date _____

Need information about available primary care physicians?

Our Web site MiBCN.com/find provides the most current information on BCN-affiliated primary care physicians. You can search for a doctor by family practice, general medicine, internal medicine, internal medicine/pediatrics, pediatrics and preventive medicine, city or hospital group.

Return this form to start your health care partnership

We encourage you to return this form as soon as you enroll so we can notify your doctor of your membership.

Fax your completed form to 248-799-6327, or mail to:

Blue Care Network
 Mail Code C411
 P.O. Box 5043
 Southfield, MI 48086-5043

Changing your primary care physician

Changes are limited to one every 30 days. All changes become effective two business days after we receive your request – unless you request a later effective date. You cannot select an earlier date when you change your primary care physician. If you change your primary care physician while you are being treated by a specialist, your new primary care physician must reauthorize the treatment you are receiving. Your treatment may not be covered until that occurs.

To make a change that is effective immediately, visit MiBCN.com/physicians, or call the Customer Service number on the back of your ID card.

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