

TO CHOOSE OR UPDATE YOUR PRIMARY CARE PROVIDER (PCP)

1. Fill out form below and email it to Member Services at memberservices@mahealthcare.com; or
2. Call Member Services at 563-584-4885 or toll free 1-866-421-3992 to communicate your chosen PCP.

Contract ID Number: _____

Contract Holder Name: _____

Member Name _____ PCP Selection _____

Member Name _____ PCP Selection _____

Member Name _____ PCP Selection _____

Member Name _____ PCP Selection _____

Member Name _____ PCP Selection _____

Medical Associates Health Plans complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-821-1365 (TTY: 1-800-735-2942).

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-866-821-1365 (TTY: 1-800-735-2942).