



Failure to fill out this form completely may result in a delay of coverage and issuance of ID cards.

Personal Doctor Selection Form

Use this form to elect your Personal Doctor.

- A Personal Doctor must be chosen for each family member; females may also select a participating OB/GYN. (If an OB/GYN is **not** selected, your Personal Doctor should provide these services.)
- You may change your Personal Doctor or OB/GYN by submitting this form or calling the customer service number on your ID card. Personal Doctor election changes will be effective the first of the month following receipt of your request.

A. Employer Information

Group/Billing Unit No. _____ Group Department No. _____

Employer Name: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

B. Employee Information

Name (First, Last): _____ Social Security Number: _____ Effective Date of Personal Doctor Selection: ____/____/____

C. Personal Doctor Selection¹

Full Name (First, Last)	Date of Birth MM/DD/YY	Gender (Check one)	Provider Number	Personal Doctor Name (First and Last Name)	Personal Doctor Address (Office location where you will receive services)	Are you an established patient? ²	OB/GYN Personal Doctor - Provider Number	OB/GYN Personal Doctor Name (First and Last Name)	OB/GYN Personal Doctor Address (Office location where you will receive services)	Are you an established patient? ²
Employee	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No
Dependent	/ /	<input type="checkbox"/> M <input type="checkbox"/> F	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	_____			<input type="checkbox"/> Yes <input type="checkbox"/> No

¹HMO plans require a Personal Doctor be selected.

²If you are not an established patient, you will need to determine if this Personal Doctor is accepting new patients. If the provider you listed is not accepting new patients, you will need to select a different Personal Doctor. To access a Provider Directory, see <http://www.wellmark.com/HealthAndWellness/FindaDoctor/FindaDoctor.aspx>.

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