

# PCP Re-assignment Request Form

Fax to 503-416-1328 or submit request through our provider portal, *CareOregon Connect*.

PCP assignments are made at the clinic level, not at an individual clinician level. PCP re-assignment requests are dependent on the following:

- **The member must be eligible**  
(verify eligibility to confirm patients are enrolled with CareOregon prior to submitting requests to prevent unauthorized disclosure of Protect Health Information)
- **The clinic name must be listed**  
(assignments cannot be made to individual)
- **The clinic must be contracted with CareOregon**  
(assignments cannot be made to non-contracted clinics)

CLINIC INFORMATION	
Today's Date _____	Your Name _____
Clinic Name _____	
Clinic Phone _____	Fax#: _____

- Requests are usually processed within 5 business days
- Reassignment can be verified online through *CareOregon Connect* or through *OneHealthPort*

Members to Reassign			Reason for Change	
Member Name	DOB	Member ID	Member is established at another clinic and should be reassigned as indicated below	Your clinic requests to be the PCP for this member

