



Primary Care Provider Assignment

Employee Name: _____ Date: _____
 Employee ID: _____ Preferred Phone: _____
 Preferred Email: _____
 Current Address: _____

NRHS employees enrolled into the care coordination benefit plan will select a primary care provider for both the employee and the employee’s dependents. The primary care provider does not have to be the same for both the employee and the dependents, and the employee is welcome to change providers at any point during the year. If a change in provider is favored, the care coordination team will need to be notified. If the employee does not have a designated primary care provider, the care coordination team will assist the patient in finding a suitable provider. For further questions please contact care coordination team. All records are kept confidential and in accordance with HIPAA regulations.

<input type="checkbox"/>	I have a primary care provider
<input type="checkbox"/>	I prefer a primary care provider be assigned to me
<input type="checkbox"/>	I am changing my primary care provider

List each employee and dependent primary care provider:

Employee	Primary Care Provider’s Name
Spouse and Dependents	Primary Care Provider’s Name

Please return completed form to Care Coordination Team by fax, email:

Attn: Care Coordination
Phone: (405) 515-6746
Fax: (405) 515-5043
Email: CareCoordinator@nrh-ok.com