



PEIA Pick a PCP Form

PEIA ID # (from medical ID card)	7	7	0	0						
OR last four digits of SSN										

Policyholder Name: _____

Address _____

City, State, Zip _____

The PEIA Finance Board has authorized a deductible increase of \$500 for any active employee or non-Medicare retired policyholder who does not name a primary care provider (PCP) and report the results of certain blood work on the form and meet the requirements printed in the Shopper’s Guide and Summary Plan Description.

All active employee and non-Medicare retired policyholders in PEIA PPB Plans A, B, C and D must name a PCP. You may name any provider you want as your PCP. To help with naming a PCP, PEIA has a PCP directory online at http://www.peia.wv.gov/wellness_tools/Documents/CROCCPCP.pdf.

1. If you have your PCP’s number from the online directory, please write it neatly here:

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2. If your physician is not listed in the directory or you can’t access the directory, you may print the physician’s name and address in the space below.

Physician’s Name: _____

Address: _____

City, State, Zip: _____

To pick a PCP for your Dependent: Name _____

3. If you have your Dependent’s PCP’s number from the online directory, please write it neatly here:

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4. If your dependent’s physician is not listed in the directory or you can’t access the directory, you may print the physician’s name and address in the space below. For additional Dependents, please use additional forms. You are encouraged to make these changes on your Manage My Benefits account.

Physician’s Name: _____

Address: _____

City, State, Zip: _____

I certify that this information is correct. I understand that providing false information on this form is illegal and that those who provide false information may be prosecuted.

Policyholder Signature _____ Date _____

Please return this form to:

PEIA, Pick a PCP Unit, 601 57th St., SE, Suite 2, Charleston, WV 25304-2345