



**Check Patient's HMSA Plan**

- HMSA HMO
- ~~QUEST Integration~~
- ~~HMSA Akamai Advantage~~
- HMSA PPO

**Primary Care Provider Selection Form  
for HMSA Members**

Complete this form to select or confirm your or your child's primary care provider (PCP).

**PCP Selection for Self**

I, \_\_\_\_\_, select or confirm that \_\_\_\_\_  
Patient's full name Provider's full name  
is my PCP.

**PCP Selection for Child under 18 Years Old**

I, \_\_\_\_\_, select or confirm that \_\_\_\_\_  
HMSA Subscriber or Authorized Representative's full name Provider's full name  
is the PCP for my child, \_\_\_\_\_.  
Child's full name

\_\_\_\_\_  
Print patient's name (full name as it appears on patient's HMSA Membership Card)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Patient's date of birth

\_\_\_\_\_  
Print Subscriber's name (if patient is not the Subscriber)

\_\_\_\_\_  
HMSA Subscriber ID

**Patient's Address**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Patient's Phone Number**

Daytime: \_\_\_\_\_  
Evening: \_\_\_\_\_

By completing and signing this form, I attest to the following:

1. My or my child's PCP, who is in HMSA's network, is the health care provider I select to provide routine health and well-being care and coordinate specialized care.
2. If I am or my child is an **HMSA preferred provider organization (PPO) Member or a Member of HMSA Federal Plan 87**, I have a choice of PCPs in HMSA's network and I may change PCPs at any time.
3. If I am or my child is an **HMSA HMO Member** and would like to change PCPs, my PCP will send a copy of this form to HMSA Membership Services to complete the change and I should receive a new HMSA Membership Card within 10 days after this form reaches HMSA. HMSA can enroll me or my child in the health center below and with the PCP above and may contact me for more information.

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Health Center

- ~~4. If I am or my child is a **QUEST Integration Member** and would like to change PCPs, my PCP will send a copy of this form to HMSA Membership Services to complete the change and I should receive a new HMSA Membership Card within 10 days after this form reaches HMSA. HMSA can enroll me or my child with the PCP above and may contact me for more information.~~
- ~~5. If I am or my child is an **HMSA Akamai Advantage Member** and would like to change PCPs, my PCP will send a copy of this form to HMSA Membership Services to complete the change and I should receive a new HMSA Membership Card within 10 days after this form reaches HMSA. HMSA can enroll me or my child with the PCP above and may contact me for more information.~~

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Patient signature or signature of HMSA Subscriber or Authorized Representative for a child under 18

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Date

**Providers**, keep a copy of this form for your records.

**PPO Members** don't need to submit this form to HMSA.

**For HMO, ~~QUEST Integration, and HMSA Akamai Advantage Members~~** fax the completed form to **948-8235 on Oahu or 1 (800) 540-1668 toll-free on the Neighbor Islands**, Attn: Membership Services.,

The information below applies to QUEST Integration members only.

This document has important information from HMSA QUEST Integration. You can request this written document to be provided to you only in Ilocano, Vietnamese, Chinese (traditional), and Korean. If you need it in another language, you can request to have it read to you in any language. There is no charge. We also offer **large print**, Braille, sign language, and audio. Call us at 948-6486 or 1 (800) 440-0640 toll-free.

TDD/TTY: 1 (877) 447-5990.

本文件包含關於 HMSA QUEST Integration 的重要資訊。您可索取本文件的繁體中文版本，無需費用。您可讓人唸給您聽。我們也提供**大字版**、點字版、手語版及錄音版。請撥打我們的電話 948-6486 或免付費電話 1 (800) 440-0640. TDD/TTY: 1 (877) 447-5990。

이 문서는 HMSA QUEST Integration에 대한 중요 정보를 제공합니다. 이 문서는 국어 버전으로 신청할 수 있고 무료로 제공되며, 받는 즉시 읽을 수 있습니다. 당사는 **대형 인쇄물**, 점자, 수화 및 오디오를 제공합니다. 948-6486 또는 무료 전화 1 (800) 440-0640로 문의하십시오. TDD/TTY: 1 (877) 447-5990.

Daytoy a dokumento ket naglaon iti napateg nga impormasyon manipud iti HMSA QUEST Integration. Mabalinyo a kiddawen a maisurat daytoy a dokumento iti Ilocano. Awan ti bayadna. Mabalinyo a kiddawen a maibasa daytoy kadakayo. Idiyami pay ti **naisurat iti dadakkel a letra**, Braille, senyas a lengguwahe ken audio. Tawagandakami iti 948-6486 wenno iti awan-bayadna nga 1 (800) 440-0640. TDD/TTY: 1 (877) 447-5990.

Tài liệu này chứa thông tin quan trọng từ HMSA QUEST Integration. Bạn có thể yêu cầu tài liệu này được viết bằng tiếng Việt. Không mất phí. Bạn có thể để người khác đọc nó cho bạn. Chúng tôi cũng cung cấp **chữ viết hoa lớn**, chữ nổi, ngôn ngữ ký hiệu và âm thanh. Hãy gọi tới số 948-6486 hoặc số điện thoại miễn phí 1 (800) 440-0640. TDD/TTY: 1 (877) 447-5990.