Primary Care Provider (PCP) Form

network health

As a Network Health member, you are required to select a Primary Care Provider (PCP). Your PCP can be a doctor, nurse practitioner or a physician's assistant. **If you do not choose a PCP, one will be chosen for you.**

You can search for a PCP using our online tool at www.mhswi.com. You may choose a different PCP for each family member. PCPs are listed under Family Practice, General Practice, Internal Medicine, OB/GYN and Pediatrics. Please do not list a clinic or hospital as your PCP. We can help you find a PCP. Just call 1-888-713-6180 (TTY: 711)

1. Member Information

**Required Field*

First Name:_____ MI:_____ Last Name: _____

Forward*Health* ID:* _____ Date of Birth (mmddyyyy): _____

Telephone Number (with area code): _____

Please provide PCP Information

Requested PCP Name: _____

Office Address: _____

City:_____ State:_____ Zip Code: _____

Office Phone (with area code):_____

2. Member Information

**Required Field*

First Name:_____ MI:_____ Last Name: _____

Forward*Health* ID:* _____ Date of Birth (mmddyyyy): _____

Telephone Number (with area code): _____

Please provide PCP Information

Requested PCP Name: _____

Office Address: _____

City:_____ State:_____ Zip Code: _____

Office Phone (with area code):_____

3. Member Information

**Required Field*

First Name:_____ MI:_____ Last Name:_____

Forward*Health* ID:* _____ Date of Birth (mmddyyyy):_____

Telephone Number (with area code):_____

Please provide PCP Information

Requested PCP Name:_____

Office Address:_____

City:_____ State:_____ Zip Code:_____

Office Phone (with area code):_____

4. Member Information

**Required Field*

First Name:_____ MI:_____ Last Name:_____

Forward*Health* ID:* _____ Date of Birth (mmddyyyy):_____

Telephone Number (with area code):_____

Please provide PCP Information

Requested PCP Name:_____

Office Address:_____

City:_____ State:_____ Zip Code:_____

Office Phone (with area code):_____

Directions: Please complete this form and mail to Network Health, 115 S. 84th Street, Suite 350, Milwaukee, WI 53214. You can also call our Member Services team at 1-888-713-6180 (TTY: 711). We can even help you make an appointment and find a ride.