



Primary Care Provider Attestation

Please complete the following attestation regarding your Primary Care Provider (PCP).

The ATRIO Health Plans Provider Directory can help you locate and research providers in your area. The Provider Directory can be accessed at atriohp.com. If you need additional assistance in finding a PCP, please contact ATRIO Health Plans at **1-877-672-8620** (TTY 711), daily from 8 a.m. to 8 p.m. local time. If you change PCP's, please contact ATRIO Health Plans so we may update your records.

| PART I: To be completed by eligible Member | |
|---|---|
| ATRIO Health Plans ID # | Relation to Member: <input type="checkbox"/> Self <input type="checkbox"/> Authorized Rep |
| First Name: | Last Name: |
| Date of Birth: (MM/DD/YYYY): | |
| Phone Number: | Email Address: |

Member Attestation: I attest that I currently have a primary care provider. Yes No

Member Signature: _____

Date: _____

| PART II: Physicians Information - To be completed by your Provider | |
|---|------|
| Please provide your physician's name and title, i.e. .MD, DO, ANP, PA | |
| *Physician Name and Title: | |
| Clinic Name: | |
| NPI: | TIN: |
| Physician Address: | |
| | |

Please mail or fax the completed form:

ATRIO Health Plans
 Attn: Enrollment Department
 2965 Ryan Drive SE
 Salem, OR 97301

Fax: 1-866-238-1736