



LMHF Primary Care Physician Selection Form Rev. 01.25

This form is for Labor-Management Healthcare Fund Members only to add a PCP (Primary Care Physician) to the subscriber and up to 4 members. For additional members, please submit a separate form.

Any members over 18 will need to submit their own form.

Add PCP For:						
Subscriber Me	mber(s) Listed Below					
Subscriber Information						
First Name:	Last Name:					
ID Number:	DOB:					
PCP being added to the	Subscriber:	(MM/DD/YYYY)				
First Name:	Last Name:					
Street Address:						
City:	State:	Zip Code:				
Is the Subscriber a currer Yes	nt patient with the Provider? No					
	Member 1					
First Name:	Last Name:					
DOB:/(MM/DD/Y	Is member 1 a c					
PCP being added to Mem	nber 1:					
First Name:	Last Name:					
Street Address:						
City:						

Member 2						
First Name:			Last Name:			
DOB:	// (MM/DD/YYYY)			t patient with the Provider?		
PCP being adde	ed to Member 2:					
First Name:			_ Last Name:			
Street Address:						
				Zip Code:		
			Member 3			
First Name:			Last Name:			
DOB:	// (MM/DD/YYYY)			t patient with the Provider?		
PCP being adde	ed to Member 3:					
First Name:			_Last Name:			
Street Address:						
City:		Sta	ite:	Zip Code:		
			Member 4			
First Name:			Last Name:	_		
DOB:	/// (MM/DD/YYYY)		_ Is member 4 a current	t patient with the Provider?		
PCP being adde	ed to Member 4:					
First Name:			_Last Name:			
Street Address:						
City:		State:		Zip Code:		

Signature							
Member's or Legal Guardian's Name (first, middle, last):							
Member's or Legal Guardian's Signature:	_Date:	_/	<i>J</i>				

For questions, please contact Customer Care at 1-855-392-3558.

Once completed, please mail this form to

Univera Healthcare P.O. BOX 211256 Eagan, MN 55121