

Primary Care Provider (PCP) Selection Form

Your PCP acts as your central “health home base”—making sure you receive recommended preventive care and treating illnesses. Knowing your medical history, your PCP is best equipped to provide personalized care, coordinate with specialists, and guide you toward a healthier lifestyle. Regular visits with your PCP can lead to a longer, healthier life and help lower overall health care costs.

Once you have established care with your new, in-network provider, please complete this form and mail to the address below. You may also update your PCP information through your Member Portal instead.

Member Information

First Name: _____ Last Name: _____

Date of Birth: _____ Generations Advantage Member ID#: _____

New Primary Care Provider (PCP) Information

PCP Name: _____

PCP Practice Name: _____

PCP Practice Address: _____

City: _____ State: _____ ZIP Code: _____

Return your completed
form by mail.

**Member Services
Martin's Point Generations Advantage
PO Box 9746
Portland, Maine 04104-5040**