

https://www.blueshieldca.com/fad/home

		ch for doct lilty, medical group, best search results i	or specialty, such as	s pediatrics or psych
Q Enter an address		Select a plan		Doctor name, specialty, m
	Se	arch in the	se categor	ies
	DOCTORS &	SPECIALISTS		C T RE PHYSICIAN
	FACILITIES			MENTAL HEALTH
	ALTERNATIVE	PHARMACIES	EQUIPMENT & SUPPLIES	

## **Quick Search for Primary Care Physician (PCP)**

Enter an address or ZIP Code, then select a plan, and finally enter a doctor name or specialty. Results should appear below.

## **Step-by-Step Instructions**

- 1. Select which type of provider to search. When searching for Hospitals, you would choose "Facilities".
- 2. When prompted, you can choose "Continue as a guest". For members, click "Login" and enter your username and password.
- 3. Enter the city and state, or the ZIP Code, or use your current location to search. Click the "Continue" button.
- 4. Select a plan by clicking the "Select a plan" button.
- 5. Select the year your coverage starts, then choose the plan type from the plan types listed below.
- 6. Select a subplan. For Blue Shield direct plans, you would choose a subplan with "OffEx for Covered CA" plans. Choose the subplan with + child Dental.
- 7. Select "Doctor Type" or "Doctor Name" to search.
- 8. To print a directory, click "Save Results" right above the first provider's name. Choose between Email or Download, then click the "Download" button.
- To choose a provider outside of CA, search the Health Care Anywhere website (<u>https://www.blueshieldca.com/bsca/find-a-provider/home.sp?contentid=hmoustravel</u>). Please note that if you select an HMO plan, only emergency services will be covered.

## Plan/Network (All plans are listed under the Standard Medical Plans):

- Access: Small Business HMO Access+, then select the plan
- Local Access: Small Business HMO Local Access+, then select the plan
- Trio ACO: Small Business Trio HMO, then select the plan
- PPO: Small Business Full PPO, then select the plan
- Tandem PPO: Small Business Tandem PPO, then select the plan



## **Member Enrollment Application**

When completing the Member Enrollment Application (seen below), if you select an HMO plan, you will be required to provide the HMO Primary Care Physician (PCP) name, provider number, and Independent Physician Association (IPA)/Medical Group (MG) name.

This section is only required if you select	ed an HMO plan. If yo	u selected a PPO plan, pleas	se proceed to Section 4.	
HMO plan primary care physician select	ion			
Would you like for Blue Shield to designe	ite a primary care phys	ician for you and your depen	dents who is located near your ho	ome or work?
Yes, I would like Blue Shield to design	ate a primary care phy	ysician and/or dental HMO p	provider for me and my depende	nts.
No, I would like to request a specific (please specify below).	orimary care physician	and/or dental HMO provide	er for myself and my dependents	
<ul> <li>Please note: If Blue Shield is unable to assign th can be changed by visiting blueshieldca.com after</li> </ul>		i/or Dental HMO provider you reque	sted. Blue Shield will designate a provider.	. HMO primary care physicia
HMO primary care physician name		Provider number	IPA/MG name	Existing patient
		1	1_	Yes No
Dental HMO provider name		Provider number	Dental group name	Existing patient
				Yes No
ig.		ry care physician Ohri, Kusum M, MD	, 01	
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