

## BadgerCare Plus Primary Care Clinic (PCC) Selection Form

**If your CommunityConnect HealthPlan ID card does not show the PCC of your choice, or if you wish to change your PCC for any reason, please follow these directions:**

- Call our Member Advocate Call Center at **1-888-279-1227** to speak with a staff member who can help you. If you have hearing or speech loss, call the TTY line at **1-800-947-3529**.

**OR**

- Complete the form below and return it to us within 30 days.

You may choose one PCC for your whole family, or each family member may choose a different PCC. You must list each family member on the form even if you select the same PCC.

We will send your new ID cards to you within five days after we receive your form. Always carry your ID card with you.

Please check this box if you are pregnant.

### BadgerCare Plus PCC Selection Form

Please print. See the Provider Directory for the names and numbers of your first and second choices.

Member Name (First and Last)	Certificate Number/ CIN Number	1st Choice PCC Name (First and Last)	Provider Number	2nd Choice PCC Name (First and Last)	Provider Number

\_\_\_\_\_  
Your Address

\_\_\_\_\_  
Your Daytime Telephone Number

\_\_\_\_\_  
Your City

\_\_\_\_\_  
Your State

\_\_\_\_\_  
Your ZIP Code

\_\_\_\_\_  
Your Name (please print)

\_\_\_\_\_  
Your Signature

If you have moved, please remember to call us at **1-888-279-1227**. The TTY line is **1-800-947-3529**.

When you are done filling out this form, fold it at the dotted lines on the back. Make sure that the CommunityConnect HealthPlan address is facing out. Tape the top edge closed, and drop the form in a mailbox. No stamp is needed.

**Choose the PCC that's right for you. Send this form back today!**



NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES

**BUSINESS REPLY MAIL**  
FIRST-CLASS MAIL PERMIT NO 1096 EAU CLAIRE WI

POSTAGE WILL BE PAID BY ADDRESSEE

COMMUNITY CONNECT HEALTH PLAN  
PO BOX 3157  
EAU CLAIRE WI 54702-9856



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*Fold here.*

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*Fold here.*