

Primary Care Services Designation Form

560 East 200 South, Salt Lake City, UT 84102
801-366-7555 / 800-765-7347
Fax: 801-366-7771

Fia Care offers primary care services for your healthcare needs, including annual physicals, treatment for minor illnesses and injuries, and disease management assessments and evaluations. **For a comprehensive list of services, visit fia.care.**

» Instructions

Complete this form and send to:

- » **Message Center:** Send the form via the secure Message Center in your PEHP account at www.pehp.org
OR
- » **Fia Care:** Fia Care representative will submit the form to PEHP on your behalf. Please allow up to 2 business day to process your request.

- OPT IN** Self
 Family

Important!

- » PEHP will pay Fia Care monthly to cover primary healthcare needs.
- » Use Fia Care in lieu of other primary care providers.
- » HSA members are responsible for the Fia Care monthly subscription fee before deductible (\$38.67/first person, \$22/additional family members).

- OPT OUT** Self
 Family

» Policy Holder Information *See your PEHP Member ID card.*

Member ID _____
 Member Name _____
 Street Address _____
 City _____ State _____ Zip _____

Family information (complete ONLY if opting in family)

Spouse Name _____	Date of Birth _____
Dependent Name 1 _____	Date of Birth _____
Dependent Name 2 _____	Date of Birth _____
Dependent Name 3 _____	Date of Birth _____
Dependent Name 4 _____	Date of Birth _____
Dependent Name 5 _____	Date of Birth _____
Dependent Name 6 _____	Date of Birth _____

Signature _____