PCP Re-assignment Request Form

Last revised: November 2026

Submit request through our provider portal, CareOregon Connect or fax to 503-416-1328.
PCP assignments are made at the clinic level, not at an individual clinician level. PCP re-assignment requests are dependent on the following:

- The request must be to your clinic
  (PCP change requests, new or clinic location updates, must involve a member assigned to your clinic)
- The member must be eligible
  (verify eligibility to confirm patients are enrolled with CareOregon prior to submitting requests to prevent unauthorized disclosure of Protected Health Information)
- The clinic name must be listed
  (assignments cannot be made to individual)
- The clinic must be contracted with CareOregon
  (assignments cannot be made to non-contracted clinics)

Clinic information

Today's date:_____ Your name:_____

Clinic name:_____

Clinic phone:_____ Fax#:_____

Email: _____

- Requests are usually processed within ten business days
- Reassignment can be verified online through CareOregon Connect or through OneHealthPort

Members to reassign			Reason for change List location/name of specific clinic being requested	
Member name	DOB	Member ID	**New assignment:** Request to have the member be assigned to your clinic	**Existing assignment:** Request to have the member reassigned to a different, affiliated, clinic location

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COA-261285600-1103