



Primary Care Provider Attestation

Please complete the following attestation regarding your Primary Care Provider (PCP).

The ATRIO Health Plans Provider Directory can help you locate and research providers in your area. The Provider Directory can be accessed at www.atriohp.com. If you need additional assistance in finding a PCP, please contact ATRIO Health Plans at 1-877-672-8620, daily, 8 am to 8 pm PST. If you change PCP's, please contact ATRIO Health Plans.

PART I: To be completed by eligible Member	
ATRIO Health Plans ID #	Relation to Member: <input type="checkbox"/> Self <input type="checkbox"/> Authorized Rep
First Name:	Last Name:
Date of Birth: (MM/DD/YYYY):	
Phone Number:	Email Address:

Member Attestation: I attest that I currently have a primary care provider. Yes No

Member Signature: _____

Date: _____

PART II: Physicians Information - To be completed by your Provider	
Please provide your physician's name and title, i.e. .MD, DO, ANP, PA	
*Physician Name and Title:	
Clinic Name:	
NPI:	TIN:
Physician Address:	

Please mail or fax the completed form:

Mail:
 ATRIO Health Plans
 Attn: Enrollment Department
 2965 Ryan Drive SE
 Salem, OR 97301

Fax: 1-866-238-1736