

CONFIRMATION OF MAIN DOCTOR OR OTHER HEALTHCARE PROFESSIONAL FORM

1. CONFIRM ✓

By signing below I am confirming that my main doctor or other healthcare professional – or the main place I go to for routine medical care – is Tucson Family and Geriatric Medicine LLC.

Signature

Print Name

____ / ____ / ____
Signed Date

____ - ____ - ____
Medicare Beneficiary Identifier (MBI)
(Number on your Medicare Card)



Address

____, _____
City State Zip

Telephone Number

Email

Note: If the names listed above and in the attached letter are incorrect do not sign this form. If you would like to receive a new form with a different doctor, other healthcare professional, or practice listed, please call Arizona Priority Care REACH ACO at 480-336-7444, TTY 711, to request a new form.

2. RETURN ✉

Option A) Return this form in the envelope that we provided.

Option B) Select your Primary Clinician or Main Doctor by scanning the code with your mobile device camera, to visit AZPC REACH Provider Selection Form (<https://azprioritycare.com/provider-selection-form/>).



Option C) Login to Medicare.gov visiting (<https://www.medicare.gov>) and select your Primary Clinician or Main Doctor.

Note: Completing and returning this form is voluntary. It won't affect your Medicare benefits