Washington State Health Care Authority

Patient Review and Coordination Program
PO Box 45503, Olympia, WA 98504-5503
FAX: 360-586-0212;
Website: www.hca.wa.gov/prc-for-clients

Provider Selection

P1 client ID
Client ID number

Name of client	Last	First	Middle initial	Telephone number

Street address	City	State	Zip code

To Provider(s): The above name client is being assigned to the Patient Review and Coordination Program according to WAC 182-501-0135. This program requires the client to select a primary care provider (PCP), controlled substances prescriber, pharmacy, and a preferred hospital for non-emergent medical services. Your signature on this form assures the department of your willingness to be the designated PCP, controlled substances prescriber, pharmacy, and/or hospital. The PCP makes referrals to specialists as necessary.

If you have questions, please call _____ at (1-800-562-3022) Ext. _____

Please type or print the following information

Primary care provider – If PA or Resident, please include name of Preceptor

Name	Clinic name

Street address	City	State	Zip code

Telephone number	**Provider NPI**	Preceptor name

Provider signature	Date

Controlled substances prescriber or other provider – if PA or Resident, please include name of Preceptor

Name	Preceptor name and NPI

Street address	City	State	Zip code

Telephone number	**Prescriber NPI**

Provider signature	Date

Pharmacy

Name of pharmacy

Street address	City	State	Zip code

Telephone number	**Pharmacy NPI**

Pharmacist signature	Date

Hospital for non-emergent services

Name of hospital

Street address	City	State	Zip code

Telephone number	Date

Client: please sign and return form

Client's signature	Date