PacificSource Community Solutions

PCP Provider Capacity Form

Provider Name _____

Specialty _____

NPI _____ Tax ID _____

Would you like your provider or group to be on Member Auto Assignment? ☐ Yes ☐ No

Provider Capacity _____

Provider Primary Location for Provider Capacity _____

Group Capacity (all providers) _____

Provider Locations (if multiple, please identify)

1. _____

2. _____

3. _____

4. _____

5. _____

Please send this form to: **ORProviderService@pacificsource.com**

Questions
Please contact your Provider Service Representative:
ORProviderService@pacificsource.com or **(541) 246-1457**