



**PRIMARY CARE PHYSICIAN (PCP)
SELECTION FORM**

DATE: _____

Primary Care Provider Information

NAME: Donovan W Christie MD
ADDRESS: 725 North Central Ave, Hapeville, Ga. 30354
PHONE: 404-761-2766
WELLCARE PROVIDER ID No.: 309166

Member Information

MEMBER NAME: _____
MEMBER DATE OF BIRTH: _____
MEMBER ID NUMBER: _____

Insurance Information

WELLCARE PHONE NUMBER: 1-866-231-1821
CONTACT/AGENT NAME: _____
EFFECTIVE DATE OF SERVICE CHANGE: _____
CONFIRMATION NUMBER: _____