



### Member Primary Care Provider (PCP) Change Request Form

Please fill out this form with your provider if you want to change your PCP. Your provider will then send this form to your health plan, letting them know about the change.

Your PCP is the provider you go to first and most often for your healthcare needs and for guidance about important preventive care to help keep you healthy and active. Please print clearly and complete all fields. Be sure to sign the bottom of the form. You can also choose a new PCP by calling the Member Services phone number on your member ID card. From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours and on weekends and federal holidays.

Member First Name: \_\_\_\_\_ Member Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Member Phone Number: \_\_\_\_\_

Member ID #: \_\_\_\_\_

Current PCP Name: \_\_\_\_\_

Group / Location: \_\_\_\_\_

New PCP Name: \_\_\_\_\_

Group / Location: \_\_\_\_\_

Address: \_\_\_\_\_

PCP Plan Provider #: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_

Reason for Change: \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preparer name: \_\_\_\_\_ Preparer Phone Number: \_\_\_\_\_

Preparer signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Instructions**

Please fax this form to **1-855-247-7480**. Once we get your form, it may take us up to five business days to process.

All PCP changes submitted before the 10th of the month will be effective as of that same month. All PCP changes submitted after the 10th of the month will be effective on the first day of the following month. You may see your new PCP after the effective date.