



PRIMARY CARE PROVIDER (PCP) CHANGE REQUEST
ALLOW 24-72 HOURS FOR PROCESSING

Your primary care provider (PCP) is the main person who gives you your health care and treatment. Please complete this form if you'd like to change your PCP.

For urgent requests, please call Member Services toll free at 1-800-600-4441 (TTY 711).

MEMBER INFORMATION

Table with 2 columns: Field Name, Field Value. Fields include Member's full name, date of birth, legal guardian's name, Amerigroup ID card number, state of residence, Medicaid ID card number, and patient phone number.

PCP INFORMATION

Table with 2 columns: Field Name, Field Value. Fields include Date of request, Name of new PCP, Name of new PCP staff member, Telephone number, New PCP fax number, New PCP ID number, and New PCP address.

TO BE COMPLETED BY PATIENT OR GUARDIAN:

I'm requesting my PCP/my child's PCP be changed to the name listed above.

SIGNATURE OF PATIENT/RESPONSIBLE PARTY:

SIGNATURE OF NEW PCP (Not required):

REASON FOR REASSIGNMENT:

- Auto-assign/choice issue, Member/PCP is moving, PCP office is inconvenient, I'm unhappy with my PCP, Appointment availability, Other/no reason

Please give us more detail:

FAX PCP REQUESTS TO: 1-866-840-4993

FORMS WON'T BE ACCEPTED UNLESS ALL FIELDS ARE COMPLETED



www.myamerigroup.com

This information is available for free in other languages. Please contact our customer service number at 1-800-600-4441 (TTY 711) Monday through Friday from 8 a.m. to 7 p.m. Eastern time.

Esta información está disponible gratuitamente en otros idiomas. Póngase en contacto con nuestro número de servicio al cliente al 1-800-600-4441 (TTY 711) de lunes a viernes de 8 a.m. a 7 p.m. hora del Este.