



Amerigroup Iowa, Inc.  
**Primary Care Provider (PCP) Change Request**

Your primary care provider (PCP) is the main person who gives you health care. Complete this form to change your PCP. For urgent requests, please call Member Services toll free at 1-800-600-4441 (TTY 711).

**Member information**

Member's full name	
Member's date of birth	
Member/guardian's phone number	
State of residence	
Legal guardian's name if member is age 18 or younger	
Amerigroup ID card number or Social Security number	
Medicaid ID card number	

**PCP information**

Date of PCP change request	
Name of new PCP	
Name of new PCP staff member processing this request (if applicable)	
New PCP phone number	
New PCP fax number	
New PCP ID number	
New PCP address	

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

[www.myamerigroup.com/IA](http://www.myamerigroup.com/IA)

Signature of patient/guardian: \_\_\_\_\_

Signature of new PCP (Not required): \_\_\_\_\_

Mark why you want to change to a new PCP:

- I didn't get to choose my PCP
- I'm unhappy with my PCP
- I am/my PCP is relocating
- I'm unhappy with the appointments I can get with my PCP
- It's difficult to get to my PCP's office
- No reason/other:

\_\_\_\_\_

Fax your completed form to: 1-866-840-4993. Please allow 24-72 hours for processing.  
Forms will not be processed unless all required fields are completed.

We offer translation and oral interpretation services for all languages at no charge. To get these services, call Member Services toll free at 1-800-600-4441 (TTY 711).

Ofrecemos servicios de traducción e interpretación oral para todos los idiomas sin costo. Para recibir estos servicios, llame a la línea gratuita de Servicios al Miembro al 1-800-600-4441 (TTY 711).

