



Primary care provider change request form

Your primary care provider (PCP) is the main person you see for health care. If you want to request a new in-network PCP, complete this form and fax it to 1-866-840-4993. Please allow 24 to 72 hours for processing.

For urgent requests, please call Member Services toll free at 1-800-600-4441 (TTY 711) Monday through Friday from 8 a.m. to 5 p.m. Central time.

Member/patient information:

Full name	
Date of birth	
Amerigroup ID number (listed on ID card)	
Medicaid ID number (listed on ID card)	
Phone number	
Legal guardian's name (if younger than 18)	

New PCP information:

Date of request (or effective date)	
Name of requested PCP	
Provider ID number	
Provider address	
Provider phone number	
Provider fax number	

Reason for request:

- I did not choose my last PCP
- I was unhappy with my last PCP
- I had trouble getting appointments with my last PCP
- I moved, or my PCP moved
- My PCP's office was too far away or too hard to get to
- Other (please explain below.)

Please give us more detail: _____

Signature of member or responsible party:

Sign: _____ Date: _____

Please fax this form to **1-866-840-4993**.