



**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**.