



FIDELIS CARE

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

Use this form to let us know that you are changing your Primary Care Provider (PCP). **You must complete each section of the form.** Incomplete forms cannot be processed. Members can also change a PCP over the phone by calling 1-888-FIDELIS (1-888-343-3547).

PLEASE PRINT

### 1. Member Information

First Name	_____	Last Name	_____	Date of Birth	_____	MM	DD	YYYY									
Fidelis Care Member ID# (first 9 digits)	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																
Is member a newborn?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																

### 2. New Primary Care Provider (PCP) Information

First Name	_____	Last Name	_____	Telephone Number	<b>917-310-3371</b>
Practice Name	<b>Hicksville Family Medical Care PLLC</b>			Fax Number	<b>516-938-1554</b>
Practice Address	<b>232 W Old Country Rd, Hicksville, NY 11801</b>				

Provider TIN*: (9 digits)	<table border="1"><tr><td>2</td><td>7</td><td>1</td><td>0</td><td>5</td><td>8</td><td>8</td><td>4</td><td>4</td></tr></table>	2	7	1	0	5	8	8	4	4
2	7	1	0	5	8	8	4	4		

\*TIN must match the Office Address the member will utilize

**PCP Change Effective Date:** Typically the 1st of the month when the form is received by Fidelis Care.

### 3. Provider Attestation (PCP)

I (Fidelis Care provider) hereby attest that the above member has granted consent to change their PCP to the aforementioned provider documented in #2 above.	
Provider Signature	Today's Date
_____	_____
	MM DD YYYY

### 4. Send us the completed form

Fax the completed form to 718-393-6635.

The following Fidelis Care plans do **not** require PCP assignments: Essential Plan, Fidelis Care at Home (MLTC), Qualified Health Plans, Fidelis Medicare Advantage, and Fidelis Dual Advantage.

**Providers should always verify a member's PCP assignment via Fidelis Care's Provider Access Online at [providers.fideliscare.org](http://providers.fideliscare.org), or by contacting the Provider Call Center at 1-888-FIDELIS (1-888-343-3547).**