



## Primary Care Provider Change Request

Allow 24-72 hours for processing

Your primary care provider (PCP) is the main person who gives you health care. If you'd like to change your PCP or your child's PCP, **bring this form to the provider you wish to be your PCP or your child's PCP to complete.**

Fax PCP change requests to:

**866-840-4993**

**Forms will not be accepted  
unless all fields are completed.**

For urgent requests, please call the Member Services number on the Wellpoint member ID card.

**You can also change your PCP online.** Register and log in to the secure website ([wellpoint.com/md/medicaid](http://wellpoint.com/md/medicaid)) and follow the steps to change your PCP.

### Member Information

Full name:	Date of birth:
Legal guardian's name (if younger than age 18):	
Phone #:	State of residence:
Medicaid ID #:	Wellpoint ID #:

### Provider Information

Request/start date of PCP change:	ID #:
Full name:	
Name of staff member processing request (if this applies): <b>JACOB ANDRE DELA CRUZ</b>	
Phone #: <b>917-310-3371</b>	Fax #: <b>516-938-1554</b>
Address: <b>232 W Old Country Rd, Hicksville, NY 11801</b>	

### To be completed by the member or responsible party:

☒ I'm asking for my PCP or my child's PCP to be changed to the name listed above.

Signature of member or responsible party:

Signature of PCP or staff member:

### Reason for PCP change:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Auto-assign/Choice issue | <input type="checkbox"/> Member/PCP is moving     | <input type="checkbox"/> PCP's office is inconvenient |
| <input type="checkbox"/> Unhappy with current PCP | <input type="checkbox"/> Appointment availability | <input checked="" type="checkbox"/> Other/no reason   |
| <input type="checkbox"/> Member is a newborn      | Retroactive date (for newborn only) _____         |   |

Please give us more detail: **WANTED TO CHANGE PCP**