



**Anthem Blue Cross and Blue Shield HP
Change Your Primary Care Provider (PCP) Fax Form**

Please complete this form and ask your new provider to fax it to 866-840-4993. It may take up to 72 hours for Anthem to update your record. You'll get an updated member ID card in the mail in about 45 days. **You may also call Member Services at 800-300-8181 (TTY 711).**

Member information

| | |
|---|-------------|
| Full name | |
| Date of birth | |
| Responsible party's name (if 18 or younger) | |
| ID card number | |
| State of residence | |
| Medicaid ID card number | |
| Phone number | |
| Phone type (home, mobile, work) | Home |

New PCP information

| | |
|--------------------|---|
| Name | |
| Telephone number | 917-310-3371 |
| Fax number | 516-938-1554 |
| Provider ID number | |
| Provider address | 232 W Old Country Rd, Hicksville, NY 11801 |

Give Anthem permission to change your PCP by checking the box and signing below:

☒ Please change my PCP/my child's PCP to the provider named above.

Member/responsible party signature: _____ Date: _____

Reason for change:

- | | | |
|---|---|--|
| <input type="checkbox"/> Wrong name listed | <input type="checkbox"/> I moved/My PCP moved or is too far away | <input type="checkbox"/> My PCP no longer accepts my plan |
| <input type="checkbox"/> Not satisfied with PCP | <input type="checkbox"/> I couldn't get my appointment(s) in time | <input checked="" type="checkbox"/> Other (please explain below) |

Wanted to change PCP.

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