



Request for a Change of Pharmacy

Please fill out this form. You can also call Member Services at 1-800-600-4441 (TTY 711) to make your request.

Date: _____

Member Name: _____ Member ID: _____

Member Address: _____

Member City: _____ State: _____ ZIP code: _____

Current Pharmacy: _____

Reason for Change: _____

New Pharmacy Name: _____

New Pharmacy Address: _____

New Pharmacy City: _____ State: _____ ZIP code: _____

New Pharmacy Number: _____

Please make this change effective as of ___/___/___

Please fax this completed form to 1-877-565-6466 or mail it to:

Amerigroup Pharmacy department
P.O. Box 62509
Virginia Beach, VA 23466

Member Signature: _____ Date: _____

Member Phone Numbers: (____) _____ (____) _____

Esta carta contiene información importante. Si tiene alguna pregunta, necesita esta carta en español o una traducción oral, llame a la línea gratuita nuestro departamento de Servicios al Miembro al 1-800-600-4441. Gracias por ser miembro de Amerigroup.