

## Primary Care Provider/Dental Change Request

Your primary care provider (PCP) is the main person who gives you health care. Your primary care dentist (PCD) is the main person who gives you dental care. Please fill out this form to change your PCP or PCD. Allow 24-72 hours for processing. For urgent requests, please call the Member Intake Line toll free at 1-855-661-2021 (TTY 711).

### Member information

Member's Full Name: \_\_\_\_\_  
Member's Date of Birth: \_\_\_\_\_ State of Residence: \_\_\_\_\_  
Legal Guardian's Name (if younger than 18): \_\_\_\_\_  
Amerigroup ID Card Number/Social Security Number: \_\_\_\_\_  
Medicaid ID Number: \_\_\_\_\_ Patient Phone Number: \_\_\_\_\_

### PCP/PCD information

Name of New PCP/PCD: \_\_\_\_\_  
Name of PCP/PCD Staff Member Processing Request if applicable: \_\_\_\_\_  
New PCP/PCD Telephone Number: \_\_\_\_\_ New PCP/PCD Fax Number: \_\_\_\_\_  
New PCP/PCD NPI Number: \_\_\_\_\_ New PCP/PCD Address: \_\_\_\_\_  
\_\_\_\_\_

### To be completed by patient or guardian:

I am requesting my PCP/PCD or my child's PCP/PCD be changed to the name listed above.

Signature of patient/responsible party: \_\_\_\_\_

### Reason for reassignment:

- Auto-assign/Choice issue     PCP office inconvenient     Appointment availability  
 Member/PCP/PCD relocation     Unhappy with PCP/PCD     Other/No reason\*

\*Please give us more details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FAX YOUR PCP/PCD CHANGE REQUEST TO: **1-888-375-5064**.

FORMS WILL NOT BE PROCESSED  
UNLESS ALL FIELDS ARE COMPLETED

If you have any questions, please call the Member Intake Line at 1-855-661-2021 (TTY 711).