

Provider Change Request Form

Complete this form to change your Foundational Community Supports (FCS) provider.

Please send completed requests by email to FCSTPA@amerigroup.com or by fax to **844-470-8859**.

This can also be sent in the mail to: FCS Amerigroup, 705 Fifth Ave. S., Ste. 300, Seattle, WA 98104.

For questions, call FCS at **844-451-2828**.

*Indicates a required field

Enrollee information	
*First name:	*Date:
*Last name:	*Date of birth:
Phone number:	ProviderOne number:
Address:	*City, State, ZIP:
*Enrolled in: <input type="checkbox"/> Supportive housing <input type="checkbox"/> Supported employment	
Current provider information	
*Name of current provider:	Phone number:
City, State, ZIP:	Number of units used: Dollar amount of tap funds used: (only applicable for housing)
New provider information	
*Name of new provider:	Phone number:
Address:	*City, State, ZIP:

Reason for the request (select all that apply):

- | | |
|--|---|
| <input type="checkbox"/> I did not choose my last provider. | <input type="checkbox"/> I moved or my provider moved. |
| <input type="checkbox"/> I was unhappy with my last provider. | <input type="checkbox"/> My provider's office was too far away or too hard to get to. |
| <input type="checkbox"/> I had trouble getting appointments with my last provider. | <input type="checkbox"/> Other: _____ |

Enrollee physical signature

I understand that it is my choice to change my FCS provider and I'm not required to work with a specific provider because that is where they have housing. I give consent to share my information with other health and social care professionals for the purpose of obtaining supportive housing and/or supported employment services.

*Enrollee signature: _____ Date: _____

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¿Necesita ayuda con su cuidado de la salud, para hablar con nosotros o leer lo que le enviamos? Ofrecemos nuestros materiales en otros idiomas y formatos sin costo alguno. Llámenos a la línea gratuita 800-600-4441 (TTY 711).