



**MEDICAID MANAGED CARE  
PRIMARY CARE PROVIDER REASSIGNMENT REQUEST  
ALLOW 24-72 HOURS FOR PROCESSING**

Your primary care provider (PCP) is the main person who gives you health care. Complete this form to change your PCP.

**For urgent requests, please call Member Services toll free at 1-855-690-7800.**

**MEMBER INFORMATION**

Member's Full Name	
Member's Date of Birth	
Legal Guardian's Name (if younger than age 18)	
Anthem ID Card Number or Social Security Number	
State of Residence	
Medicaid ID Card Number	
Patient Phone Number	

**PCP INFORMATION**

Date of Request (Effective Date of PCP Change)	
Name of New PCP	
Name of New PCP Staff Member Processing Request (if applicable)	
Telephone Number of New PCP	
New PCP Fax Number	
New Provider ID Number	
New Provider Address	

**TO BE COMPLETED BY PATIENT OR GUARDIAN:**

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

SIGNATURE OF PATIENT/RESPONSIBLE PARTY: \_\_\_\_\_

SIGNATURE OF NEW PCP (Not required): \_\_\_\_\_

**REASON FOR REASSIGNMENT:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Autoassign/Choice Issue | <input type="checkbox"/> Member/PCP Relocation    | <input type="checkbox"/> PCP Office Inconvenient |
| <input type="checkbox"/> Unhappy with PCP        | <input type="checkbox"/> Appointment Availability | <input type="checkbox"/> Other/No Reason         |

Please give us more detail: \_\_\_\_\_

FAX PCP REQUESTS TO: **1-866-840-4993**

MF-AWI-0014-14

<p><b>FORMS WILL NOT BE PROCESSED UNLESS ALL FIELDS ARE COMPLETED</b></p>
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