



Primary Care Provider Change Request

Allow 24-72 hours for processing

Your primary care provider (PCP) is the main person who gives you health care. If you'd like to change your PCP or your child's PCP, **bring this form to the provider you wish to be your PCP or your child's PCP to complete.**

Fax PCP change requests to:
866-840-4993
Forms will not be accepted unless all fields are completed.

For urgent requests, please call the Member Services number on the Wellpoint member ID card.

You can also change your PCP online. Register and log in to the secure website (wellpoint.com/md/medicaid) and follow the steps to change your PCP.

Member Information

Full name:	Date of birth:
Legal guardian's name (if younger than age 18):	
Phone #:	State of residence:
Medicaid ID #:	Wellpoint ID #:

Provider Information

Request/start date of PCP change:	ID #:
Full name:	
Name of staff member processing request (if this applies):	
Phone #:	Fax #:
Address:	

To be completed by the member or responsible party:
 I'm asking for my PCP or my child's PCP to be changed to the name listed above.
 Signature of member or responsible party: _____
 Signature of PCP or staff member: _____

Reason for PCP change:

- | | | |
|---|---|---|
| <input type="checkbox"/> Auto-assign/Choice issue | <input type="checkbox"/> Member/PCP is moving | <input type="checkbox"/> PCP's office is inconvenient |
| <input type="checkbox"/> Unhappy with current PCP | <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Other/no reason |
| <input type="checkbox"/> Member is a newborn | Retroactive date (for newborn only) _____ | |

Please give us more detail: _____

