



## 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.**

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

Fax PCP change requests to:

**1-866-840-4993**

**Forms will not be accepted unless all fields are completed.**

**You can also change your PCP online.** Register and log in to the secure website ([www.myamerigroup.com/MD](http://www.myamerigroup.com/MD)) 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 #: \_\_\_\_\_ Amerigroup 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:

Auto-assign/Choice issue       Member/PCP is moving       PCP's office is inconvenient  
 Unhappy with current PCP       Appointment availability       Other/no reason  
 Member is a newborn      Retroactive date (for newborn only) \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_