



# PLEASE COMPLETE ALL HIGHLIGHTED AREAS

## Primary Care Provider Change Request

Your Primary Care Physician (PCP) is the main person who gives you health care. Please fill out this form to change your PCP. Allow 24–72 hours for processing. For urgent requests, please call Member Services toll free at 1-800-600-4441 (TTY 1-800-855-2880).

### YOUR CHILD'S INFORMATION

#### 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 Information

Name of New PCP: Ellis, Howard MD

Name of PCP Staff Member Processing Request: \_\_\_\_\_

New PCP Telephone Number: 678 312-5250 New PCP Fax Number: 678 442-7248

New PCP ID Number: 01604226 New PCP Address: 665 Duluth Hwy. Ste. 920  
Lawrenceville, Ga 30046

#### 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:

Auto assign/Choice issue     PCP office inconvenient     Appointment availability

Member/PCP relocation     Unhappy with PCP     Other/No reason\*

\*Please give us more detail: Already a patient with requested PCP

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

FAX YOUR PCP CHANGE REQUESTS TO: 1-866-840-4993.

FORMS WILL NOT BE PROCESSED  
UNLESS ALL FIELDS ARE COMPLETED

If you have any questions, please call Member Services at 1-800-600-4441. Usted puede obtener ayuda de la lengua llamando Servicios del Miembro en 1-800-600-4441.