

## Member PCP Change Request Form

### MEMBER INFORMATION (REQUIRED)

Member name: \_\_\_\_\_ Member ID #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_ Member date of birth: \_\_\_\_\_

Current PCP (if applicable): \_\_\_\_\_

Reason for request: \_\_\_\_\_

(e.g., No PCP previously listed PCP no longer available, location convenience, etc.)

### PCP Information (required)

PCP name: \_\_\_\_\_

PCP NPI #: \_\_\_\_\_

PCP effective date (do not backdate more than 90 days): \_\_\_\_\_

PCP site address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Member or legal representative name (please print): \_\_\_\_\_

(Must be over 18 years of age)

Member or legal representative signature: \_\_\_\_\_

**Once complete, please fax form back to: 617.673.0404**

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Member Services telephone: (800) 462.0224