

## Amerigroup Primary Care Provider Change Request

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 1-800-600-4441 (TTY 711).

### Member information

Member's full name: \_\_\_\_\_

Member's date of birth: \_\_\_\_\_

Member/guardian's phone number: \_\_\_\_\_

State of residence: \_\_\_\_\_

Legal guardian's name if member is age 18 or younger: \_\_\_\_\_

Amerigroup ID card number: \_\_\_\_\_

Name of new PCP: \_\_\_\_\_

Name of new PCP staff member processing this request: \_\_\_\_\_

New PCP phone number: \_\_\_\_\_

New PCP fax number: \_\_\_\_\_

New PCP ID number: \_\_\_\_\_

New PCP address: \_\_\_\_\_

### Information

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

Signature of patient/guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Mark why you want to change to a new PCP:

<input type="checkbox"/>	I didn't get to choose my PCP
<input type="checkbox"/>	I'm unhappy with my PCP
<input type="checkbox"/>	I am/my PCP is relocating
<input type="checkbox"/>	I'm unhappy with the appointments I can get with my PCP
<input type="checkbox"/>	It's difficult to get to my PCP's office
<input type="checkbox"/>	No reason/other: - _____

Fax the completed form to: 1-866-840-4993. Please allow 24-72 hours for processing. Forms will not be processed unless all required fields are completed.

\*Amerigroup members in the Medicaid Rural Service Area are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.