



Primary Care Provider (PCP) Selection/Change Form

Please complete this form if the Primary Care Provider (PCP) on your Healthcare ID card is incorrect.

New Provider Information (please print)

PCP Name	_____	Clinic	_____
PCP Address	_____	City	_____
State	_____	Zip Code	_____
PCP Phone #	_____	PCP Fax #	_____
Effective. Date	_____ / _____ / _____		

Have you seen this provider in the last year? Yes No (Please check one)

Change Reason (Please check one) No reason – I just want different doctor on my card More convenient location/hours Referral by family/friend I am an existing patient with this doctor Dissatisfaction I requested this PCP when I was enrolled, but was assigned a different doctor

Member Information (please print)

Full Name	_____		
Date of Birth	_____ / _____ / _____	Phone #	(_____) _____ - _____
Age	_____	Medicaid ID #	_____
Member ID #	_____	Phone #	_____
Address	_____	City	_____
State	_____	Zip Code	_____

(A new ID card will be sent out to this address within seven to ten business days.)

Can your insurance provider contact you regarding any changes? Yes No (Please check one)

Signature of Member or Member's Guardian

Today's Date

Provider (Staff) Signature

Today's Date



Managed Care Plan Information

Please submit the PCP Change Form via the below methods based on the patient’s insurance provider.

Payor	Contact Method
Medicare Advantage	
Anthem	Patient must call to make this change or can make change online when logged in on Anthem.com
Aetna	Fax: (859) 455-8650
Bright Health	Patient must call to make this change
Cigna	Fax: (877) 358-4301
Humana	Fax: (800) 633-8188
MMO	Patient must call to make this change or can make change online with “My Health Plan”
SummaCare	Fax: (330) 996-5201
United	Fax: (844) 254-4773
Medicaid	
Buckeye	Fax: (866) 719-5435
CareSource	Fax: (937) 226-6916
Molina	Fax: (800) 816-3778
Paramount	Fax: (419) 887-2047
United Medicaid	Fax: (844) 386-9286
Commercial	
Anthem	Patient must call to make this change or can make change online when logged in on Anthem.com
Aetna	Fax: (859) 455-8650
MMO	Patient must call to make this change or can make change online with “My Health Plan”
United	Fax: (844) 254-4773
Medicare	
Medicare (MSSP)	1-800-MEDICARE (633-4227)