



PCP Change Request Form

Member Info

First/MI/Last: _____
 Address: _____
 City: _____ Zip: _____
 DOB: _____ SSN: _____
 Member ID: _____ Phone: _____

PCP Change Request

Requested PCP Name: _____
 Provider ID: _____
 Office Address: _____
 City: _____ Zip: _____
 Office Phone: _____
 Effective Date: _____

Reason for Change From Assigned PCP

- Already patient with requested PCP
- Requested PCP already sees family member
- Member preference
- Member moved
- PCP hours didn't fit member's needs
- Quality of care
- Provider location
- Language/communication barriers
- Wait time in provider office
- Availability to get appointment/access to care
- Association with hospital or medical group
- Established relationship w/another
- Other

 Signature of Member or Authorized Representative

 Date

 Printed Name of Authorized Representative

Directions: Please fax member change data forms, with a copy of the member ID card, if available, to CountyCare Health Plan Member Services department at 312-548-9940, or mail it to CountyCare Health Plan, P.O. Box 21153 Eagan, MN 55121. If the correct PCP is not listed on your card, or you wish to switch doctors, you may also call our Member Services department at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY).

If you have questions about how to complete this form, please call the CountyCare Health Plan Member Services department Monday through Friday, 8:30 a.m.-8 p.m., and Saturday, 9 a.m.-1 p.m., at 312-864-8200 / 855-444-1661 (toll-free) / 711 (TDD/TTY).