

Primary Care Provider Reassignment Request

(Allow 24-72 hours for processing)

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

MEMBER INFORMATION

Enrollee's Full Name	
Enrollee's Date of Birth	
Parent's/Legal Guardian's Name (If younger than 18)	
Amerigroup DC ID Number*	
State of Residence	
Medicaid ID Number*	
Enrollee's Phone Number	

*(See your Amerigroup District of Columbia, Inc. ID card)

PCP INFORMATION

Date of Request (Effective Date of PCP Change)	
Name of New PCP	
Name of New PCP Staff Member Processing Request (if applicable)	
Phone Number of New PCP	
Fax Number of New PCP	
ID Number of New PCP	
Address of New PCP	

TO BE COMPLETED BY PATIENT OR PARENT/LEGAL GUARDIAN:

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

Signature of Enrollee/Responsible Party: _____

Signature of New PCP (Not required): _____

REASON FOR REASSIGNMENT:

- | | | |
|--|---|--|
| <input type="checkbox"/> Autoassign/Choice Issue | <input type="checkbox"/> Enrollee/PCP Relocation | <input type="checkbox"/> PCP Office Inconvenient |
| <input type="checkbox"/> Unhappy with PCP | <input type="checkbox"/> Appointment Availability | <input type="checkbox"/> Other/No Reason |

Please give us more detail: _____

Fax PCP requests to: **1-866-840-4993**. **All fields must be completed for the form to be processed.**
You can also change your PCP online. Register for secure access at www.myamerigroup.com/DC. Or
use our automated line 24 hours a day, 7 days a week. Call 1-800-600-4441 (TTY 711).