



Primary Care Provider Change Request

Allow 24-72 hours for processing

Your primary care provider (PCP) is the main person who gives you health care. If you'd like to change your PCP or your child's PCP, **bring this form to the provider you wish to be your PCP or your child's PCP to complete.**

For urgent requests, please call the Member Services number on the Amerigroup member ID card.

Fax PCP change requests to:
1-866-840-4993
Forms will not be accepted unless all fields are completed.

You can also change your PCP online. Register and log in to the secure website (www.myamerigroup.com/TX) and follow the steps to change your PCP.

Member Information

Full name: _____	Date of birth: _____
Legal guardian's name (if younger than age 18): _____	
Phone #: _____	State of residence: _____
Medicaid ID #: _____	Amerigroup ID #: _____

Provider Information

Request/start date of PCP change: _____	ID #: _____
Full name: _____	
Name of staff member processing request (if this applies): _____	
Phone #: _____	Fax #: _____
Address: _____	

To be completed by the member or responsible party:

I'm asking for my PCP or my child's PCP to be changed to the name listed above.

Signature of member or responsible party: _____

Signature of PCP or staff member: _____

Reason for PCP change:

- | | | |
|---|---|---|
| <input type="checkbox"/> Auto-assign/Choice issue | <input type="checkbox"/> Member/PCP is moving | <input type="checkbox"/> PCP's office is inconvenient |
| <input type="checkbox"/> Unhappy with current PCP | <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Other/no reason |
| <input type="checkbox"/> Member is a newborn | Retroactive date (for newborn only) _____ | |

Please give us more detail: _____

Amerigroup members in the Medicaid Rural Service Area and the STAR Kids program are served by Amerigroup Insurance Company; all other Amerigroup members in Texas are served by Amerigroup Texas, Inc.