Amerigroup RealSolutions in healthcare

https://providers.amerigroup.com

Specialist as Primary Care Provider Request Form

Date: _____

Member name: _____

Member ID number: _____

Current PCP name (if applicable): _____

PCP Amerigroup ID: _____

Specialist/specialty: _____

Specialist Amerigroup ID: _____

Contract status of specialty provider (PAR or non-PAR): _____

Member diagnosis: _____

What is the medical justification for having a specialist serve as a PCP for this member?

_____

_____

_____

_____

_____

The signatures below indicate agreement by the specialist, member and Amerigroup that the specialist will function as this member's PCP, including providing the member access to care 24 hours a day, 7 days a week and adhering to the PCP responsibilities as detailed in the *Provider Manual*.

Specialist signature: _____ Date: _____

Medical director signature: _____ Date: _____

Member signature: _____ Date: _____

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.