



MEDICAID MANAGED CARE
PRIMARY CARE PHYSICIAN REASSIGNMENT REQUEST
 ALLOW 24 - 72 HOURS FOR PROCESSING

YOUR PRIMARY CARE PHYSICIAN (PCP) IS THE MAIN PERSON WHO GIVES YOU HEALTH CARE. COMPLETE THIS FORM TO CHANGE YOUR PCP.

For urgent requests, please call Member Services toll free at 1-800-600-4441.

MEMBER INFORMATION

Member's Full Name	
Member's Date of Birth	
Legal Guardian's Name (If younger than age 18)	
Amerigroup ID Card Number or Social Security Number	
State of Residence	
Medicaid ID Card Number	
Patient Phone Number	

PCP INFORMATION

Date of Request (Effective Date of PCP Change)	
Name of New PCP	Diane Knights
Name of New PCP staff member processing request (If applicable)	
Telephone Number of New PCP	(865) 200-4101
New PCP Fax Number	(865) 200-4039
New Provider ID Number	1437481462
New Provider Address	11509 Hardin Valley Rd Knoxville

TN 37932

TO BE COMPLETED BY PATIENT OR GUARDIAN:

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

SIGNATURE OF PATIENT/RESPONSIBLE PARTY: _____

SIGNATURE OF NEW PCP (Not required): _____

REASON FOR REASSIGNMENT:

- | | | |
|--|---|--|
| <input type="checkbox"/> Autoassign/Choice Issue | <input type="checkbox"/> Member/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**

FORMS WILL NOT BE PROCESSED UNLESS ALL FIELDS ARE COMPLETED
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