

PCP Change Request Form

If a Magellan Complete Care member is requesting to change their primary care provider (PCP), please complete this form and fax it to 888-656-7582. Please complete all fields.

Member Information

Member Name _____ Member ID# _____

Member Phone Number _____ Member DOB _____

Member Address _____

City _____ State _____ Zip code _____

Print Name of Authorized/Responsible Party _____

Signature of Member or Authorized/Responsible Party _____

(Signature required to complete process)

Date _____

We will mail a new ID card to the address on file. If you've recently moved, please contact AHCCCS at 1(855) HEA-PLUS (1-855-432-7587).

Current PCP Information

Current PCP Name _____

Reason for change (Please check one):

Moved to new service area

PCP not accepting new patients

PCP relocated

PCP deceased

PCP retired

Other _____

New PCP Information

Provider Name _____ NPI _____

Practice Address _____ Tax ID _____

City _____ State _____ Zip code _____

Office Contact Name _____ Phone _____

Office Contact Signature _____ Date _____

If you have any questions, please call Magellan Complete Care Members Services at 800-424-5891 (TTY 711).