

**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 Member Services at 800-424-5891 (TTY 711).