

PCP Change Request Form

Forms not signed or completed correctly will not be processed and PCP change will not occur. Members can continue to be treated by the requested PCP until change is complete. Members should continue to use their current WellCare ID card until they receive their new ID card. All requests will be processed within 3-5 business days of receipt.

Part 1: Member Information *(Please use Legible Print)*

Please provide the member's information

* Required Field

| | | |
|--------------------------|----------------------------------|-------------------------|
| _____ | _____ | _____ |
| (Last Name) * | (First Name)* | (Middle Initial) |
| _____ | _____ | _____/_____/_____ |
| (WellCare Member ID #) * | (Member Phone # with Area Code)* | (Member Date of Birth)* |

Part 2: PCP Change Request *(Please use Legible Print)*

Please provide PCP information

* Required Field

| | |
|-----------------------------|---------------------------|
| _____ | _____ |
| (Requested PCP Full Name) * | (WellCare Provider ID #)* |

Part 3: Additional PCP Change Requests *(Please use Legible Print)*

Please provide Other Family Members Requesting Change to Same PCP

| | |
|--------------------|-----------------------------|
| Member Name: _____ | WellCare Member ID #: _____ |
| Member Name: _____ | WellCare Member ID #: _____ |
| Member Name: _____ | WellCare Member ID #: _____ |
| Member Name: _____ | WellCare Member ID #: _____ |
| Member Name: _____ | WellCare Member ID #: _____ |

Part 4: Reason for PCP Change Request

Please provide Reason for the PCP Change Request *(Please check one of the boxes below)*

- Different Primary Care Provider Preferred
- Referred by family / friend
- Convenient office location and / or hours
- Already a patient with requested PCP
- I requested this PCP upon enrollment, but WellCare assigned a different PCP on my WellCare ID Card
- Dissatisfaction with assigned PCP: Note – WellCare will file a grievance on your behalf, you may receive a call requesting more information
- Other: _____

Print Name of Member or Responsible Party

Signature of Member or Responsible Party

Provider (Staff) Signature

Date

Biological Parent? Yes No ⇔ If "No" the name of the "Responsible Party" must match exactly what WellCare has on file for "Responsible Party." Without a match, the change cannot be processed.

Directions: Please fax this form, and a copy of the member ID card to WellCare Customer Service at 1- (877) 297-3112. Questions about how to complete this form? Please call Customer Service at 1-800-951-7719.

Note: We require a copy of the member ID card with this form. PCP change requests received by the 10th of the month will be effective THAT month. PCP change requests received AFTER the 10th of the month will be effective the FOLLOWING month.