
# Member Primary Care Provider (PCP) Change Request Form

Please complete this form with your provider if you want to change your PCP. Your provider will then send this form to your health plan, letting them know about the change.

Your PCP is the provider you go to first and most often for your healthcare needs and for guidance about important preventive care to keep you healthy and active. Please print clearly and complete all fields. Be sure to sign the bottom of the form. You can also choose a new PCP by calling the Member Services phone number on the back of your Member ID card.

Member First Name: _____ Member Last Name: _____

Date of Birth: _____ Member Phone Number: _____

Member ID #: _____

Current Primary Care Provider (PCP) Name: _____

Group/Location: _____

New Primary Care Provider (PCP) Name: _____

Group/Location: _____

Address: _____

PCP Plan Provider #: _____ Effective Date of Change: _____

Reason for Change: _____

_____

Member Signature _____ Date: _____

Preparer name: _____ Preparer Phone Number: _____

Preparer signature: _____ Date: _____

**Instructions**

Please fax this form to 1-855-247-7480.

All PCP changes submitted prior to the 10th of the month will be effective on the first of the same month, all PCP changes submitted after the 10th of the month will be effective the first of the following month.

Upon receipt of form, turnaround times can take up to 5 business days to process. However, the member's new PCP may begin to see them effective immediately.

'Ohana Health Plan, a plan offered by WellCare Health Insurance of Arizona, Inc.

Please contact your plan for details.

## Multi-Language Insert
## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at **1-888-846-4262** (TTY: **711**). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Contamos con los servicios gratuitos de un intérprete para responder las preguntas que tenga sobre nuestro plan de salud o de medicamentos. Para obtener un intérprete, llámenos al **1-888-846-4262** (TTY: **711**). Alguien que habla español puede ayudarle. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的口译服务，可解答您对我们的健康或药物计划的有关疑问。如需译员，请拨打 **1-888-846-4262** (TTY：**711**)。您将获得讲汉语普通话的译员的帮助。这是一项免费服务。

**Chinese Cantonese:** 我們提供免費的口譯服務，可解答您對我們的健康或藥物計劃可能有的任何疑問。如需口譯員服務，請致電 **1-888-846-4262** (TTY：**711**)。會說廣東話的人員可以幫助您。此為免費服務。

**Tagalog:** May mga libre kaming serbisyo ng interpreter para sagutin ang anumang posible ninyong tanong tungkol sa aming planong pangkalusugan o plano sa gamot. Para kumuha ng interpreter, tawagan lang kami sa **1-888-846-4262** (TTY: **711**). May makakatulong sa inyo na nagsasalita ng Tagalog. Isa itong libreng serbisyo.

**French:** Nous proposons des services d'interprètes gratuits pour répondre à toutes vos questions sur notre régime de santé ou de médicaments. Pour obtenir les services d'un interprète, appelez-nous au **1-888-846-4262** (TTY: **711**). Quelqu'un parlant français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời bất kỳ câu hỏi nào về chương trình sức khỏe hoặc chương trình thuốc của chúng tôi. Để nhận thông dịch viên, chỉ cần gọi chúng tôi theo số điện thoại thoại **1-888-846-4262** (TTY: **711**). Một nhân viên nói tiếng Việt có thể giúp quý vị. Dịch vụ này được miễn phí.

**German:** Wir bieten Ihnen einen kostenlosen Dolmetschservice, wenn Sie Fragen zu unseren Gesundheits- oder Medikamentenplänen haben. Wenn Sie einen Dolmetscher brauchen, rufen Sie uns unter folgender Telefonnummer an: **1-888-846-4262** (TTY: **711**). Ein deutschsprachiger Mitarbeiter wird Ihnen behilflich sein. Dieser Service ist kostenlos.

**Korean:** 당사의 건강 또는 의약품 플랜과 관련해서 물어볼 수 있는 모든 질문에 답변하기 위한 무료 통역 서비스가 있습니다. 통역사가 필요한 경우, **1-888-846-4262**(TTY: **711**) 번으로 당사에 연락해 주십시오. 한국어를 구사하는 통역사가 도움을 드릴 수 있습니다. 통역 서비스는 무료로 제공됩니다.

**Chuukese:** Mi kawor ach aninisin chiaku ika epwe wor omw kapas eis ren pekin tumwunun manawomw ika ototen sefei. Ika ke mochen aia ei aninisin chiaku, kokori kich ren **1-888-846-4262** (TTY: **711**). Emon mi sine kapasen Chuuk epwe anisuk. Ei aninis ese kamo.

**Hawaiian:** Hoʻolako mākou i ka lawelawe unuhi manuahi e pane i kāu mau nīnau e pili i kā mākou papa hana olakino a i ʻole papa hana lāʻau. E loaʻa mai kekahi mea unuhi, e kelepona wale nō iā mākou **1-888-846-4262** (TTY: **711**). E kōkua ana kekahi kanaka ʻōlelo Hawaiʻi iā ʻoe. He lawelawe manuahi kēia.

**Ilocano:** Adda iti libre a serbisyo ti panagpatarus mi tapno masungbatan ti anyaman a saludsod mo maipanggep iti plano ti salun-at ken agas mi. Tapno makaala ti manangitarus, basta awagan na kami iti **1-888-846-4262** (TTY: **711**). Iti agsasau ti Ilokano ket matulungan naka. Daytoy ket libre a serbisyo.

**Marshallese:** Ewōr ad jerbal in ukok kajin im ejelok onean ñan uak jabdewōt kajitok ko ikijen būlaan in ejmour ako uno ko rekajur. Ñan bukot juon riukok, kall tok ilo **1-888-846-4262** (TTY: **711**). Juon armij eo ej kajin Majol enij jibañ eok. Ejelok onean jerbal in.

**Samoan:** E ia le matou auaunaga faamatalaupu fai fua e tali ai soo se fesili e ono iai e uiga i lau fuafuaga tau soifua soifua maloloina poo fualaau/vailaau. Ina ia maua se tagata faamatalaupu, na'o le vili lava o matou i le **1-888-846-4262** (TTY: **711**). E mafai e se tasi e tautala i le gagana Samoa ona fesoasoani ia te oe. E fai fua lenei ʻauaunaga.

**Tongan:** ʻOku ʻi ai ʻemau sēvesi fakatonulea ta'etotongi ke ne tali ha'o fa'ahinga fehu'i pē fekau'aki mo ʻemau palani mo'ui leleí pe faito'ó. Ke ma'u ha tokotaha fakatonulea, fetu'utaki mai ki he **1-888-846-4262** (TTY: **711**). ʻE lava ke tokoni atu ha tokotaha lea Fakatonga. Ko ha sēvesi ta'etotongi ʻeni.

**Visayan:** Duna mi'y mga libreng serbisyo sa interpreter aron matubag ang mga pangutana nimo bahin sa among plan para sa panglawas o tambal. Aron makakuha og interpreter, tawagi lang mi sa **1-888-846-4262** (TTY: **711**). Ang usa ka tawo nga kabalo mag-Bisaya makatabang kanimo. Libre kini nga serbisyo.

Japanese: 弊社の健康や薬剤計画についてご質問がある場合は、無料の通訳サービスをご利用いただけます。通訳を利用するには、**1-888-846-4262**（TTY：**711**）にお電話ください。日本語の通訳担当者が対応します。これは無料のサービスです。