Member Primary Care Provider (PCP) Change Request Form

Please fill out 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 help 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 Member Services at **1-866-892-8340** (TTY: **711**). From October 1 to March 31, you can call us seven days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours and on weekends and federal holidays.

Member First Name: _____   Member Last Name: _____

Date of Birth: _____   Member Phone Number: _____

Member ID #: _____

Current PCP Name: _____

Group / Location: _____

New 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**. Once we get your form, it may take us up to five business days to process.

All PCP changes submitted before the 10th of the month will be effective as of that same month. All PCP changes submitted after the 10th of the month will be effective on the first day of the following month. You may see your new PCP after the effective date.

Wellcare Fidelis Dual Align (HMO D-SNP) is a Fully Integrated Dual Eligible Special Needs Plan with a Medicare contract and a contract with the New Jersey Medicaid program. Enrollment in Wellcare Fidelis Dual Align depends on contract renewal.

Please contact Wellcare for details.