



MEMBER DATA CHANGE FORM
For Member Contact Information & PCP Change Requests

Part 1: Member Information

Please provide the below information.

“*” = Required field

<input type="text"/>	<input type="text"/>	<input type="text"/>
(Last Name)*	(First Name)*	(Middle Initial)
<input type="text"/>	<input type="text"/>	
(Member Medicaid ID Number)*	(Member Birth Date)*	
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Current Street Address)*	(City)*	(ZIP Code)*
<input type="text"/>	<input type="text"/>	
(Home Phone)*	(Other Phone)	

Part 2: PCP Change Request

Please provide PCP information (only complete if you would like to change PCPs).

“*” = Required field

<input type="text"/>	<input type="text"/>	
(Full Name of Requested PCP)*	(PCP Provider ID)*	
<input type="text"/>	<input type="text"/>	<input type="text"/>
(Office Address)	(City)	(ZIP Code)
<input type="text"/>		
(Office Phone)		

Reason for Change from Assigned PCP:

<input type="checkbox"/> Already a patient with requested PCP	<input type="checkbox"/> Office wait time too long for assigned PCP
<input type="checkbox"/> Requested PCP already sees family member	<input type="checkbox"/> Appointment wait time too long for assigned PCP
<input type="checkbox"/> Assigned PCP is too far	<input type="checkbox"/> Assigned PCP does not accept age
<input type="checkbox"/> Other: _____	

(Signature of Member or Responsible Party)

(Date)

(Print Name of Responsible Party if Different from Member)

Biological parent? Yes No → If “NO,” the name of the “Responsible Party” must match exactly what ‘Ohana has on file for “Responsible Party.” If not, the change cannot be processed. If the “Responsible Party” does not match and needs to be updated, call Customer Service. They can be reached at **1-888-846-4262 (TTY/TDD: 1-877-247-6272)**. Ask for an “Authorized Representative Form.” You will need to complete the form and send it back to Customer Service to have this information updated.

Directions: Please fax the Member Data Change Form to Customer Service at **1-877-297-3112**. You can also mail the form to P.O. Box 31370, Tampa, FL 33631-3370. If you have questions about how to complete this form, please call ‘Ohana Customer Service at **1-888-846-4262 (TTY/TDD: 1-877-247-6272)**.

Note: 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.

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



在该文档中包含重要信息。若想获取其他语言版本的该信息或对其进行口头翻译, 请联系我们的客户服务部 1-888-846-4262 (TTY/TDD (聋哑人士专线电话号码): 1-877-247-6272)。

Daytoy a dokumento ket naglaon iti napateg nga impormasyon. Tapno dawaten daytoy nga impormasyon iti sabali a lengguwahe wenno tapno maipatarus bayat pannakaibasana, makiuman koma iti Serbisyo iti Kliyente (Customer Service) iti 1-888-846-4262 (TTY/TDD: 1-877-247-6272).

이 서류는 중요한 정보를 담고 있습니다. 이 정보를 다른 언어로 번역된 것을 원하시거나 이 내용에 대한 구두 통역을 원하시면, 고객 서비스 1-888-846-4262 (TTY/TDD: 1-877-247-6272) (으)로 연락주시기 바랍니다.

Ang dokumentong ito ay naglalaman ng mahalagang impormasyon. Upang hingin ito sa ibang lengguwahe o maisalin ito nang pasalita, mangyaring makipag-ugnayan sa Serbisyo sa Kostumer (Customer Service) sa 1-888-846-4262 (TTY/TDD: 1-877-247-6272).