

# Primary Care Physician (PCP) Form



## Member Information

### \*Required Field

First Name:  MI:  Last Name:   
Medicaid ID\*:  Date of Birth (mmddyyyy):   
SSN:  Telephone number:  -  -   
Mailing Address:   
City:  State:  Zip Code:

## PCP Change Request - Please provide PCP Information

Requested PCP Name  NPI#   
Office Address:   
City:  State:  Zip Code:   
Office Phone:  -  -  Effective Date (mmddyyyy):   
*The effective date will be based upon the plan's selection/change policy.*

## Reason for Change from Assigned PCP - Choose all that apply. Select at least one.

- |   |  |
|---|--|
| <input type="checkbox"/> New Member - made 1st time selection     | <input type="checkbox"/> Provider Location                               |
| <input type="checkbox"/> Already patient with requested PCP       | <input type="checkbox"/> Association with hospital or medical group      |
| <input type="checkbox"/> Requested PCP already sees family member | <input type="checkbox"/> Language/communication barriers                 |
| <input type="checkbox"/> Member Preference                        | <input type="checkbox"/> Wait time in provider office                    |
| <input type="checkbox"/> Member Moved                             | <input type="checkbox"/> Availability to get appointment. Access to care |
| <input type="checkbox"/> PCP Hours didn't fit member need         | <input type="checkbox"/> Established relationship w/another              |
| <input type="checkbox"/> Quality of Care                          | <input type="checkbox"/> Provider Request to Disenroll Member            |
| <input type="checkbox"/> Provider Left Network                    | <input type="checkbox"/> Other   |



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Signature of Member or Authorized Representative

Date (mmddyyyy)

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Print Name of Member or Authorized Representative

**Directions:** Please fax Member Change Data forms, with a copy of the member ID card, if available, to NH Healthy Families Member Services Department at (877) 502-7255 or mail it to NH Healthy Families Member Services, 2 Executive Park Drive, Bedford, NH 03110. If you have questions about how to complete this form or want to make this request over the phone, please call the New Hampshire Healthy Families Member Services Department, from 8 a.m. to 5 p.m. (EST), Monday through Friday, at (866) 769-3085 (TDD/TTY (855) 742-0123).