

Primary Care Provider Reassignment Request Form

Please allow 24 to 72 hours for processing.

Your primary care provider (PCP) is the main person who gives you health care. Complete this form to change your PCP. **Please note: PCP changes are effective the date of the fax; they may not be sent in for a retro-effective date.**

For urgent requests, please call Member Services toll free at **1-844-521-6941**.

Member information

Member's full name:	
Member's date of birth:	
Legal guardian's name (if younger than age 18):	
Healthy Blue ID card number:	
Medicaid ID card number:	
Member phone number:	

PCP information

Today's date (effective date of PCP change):	
Name of new PCP:	
Name of new PCP staff member processing request (if applicable):	
Telephone number of new PCP:	
New PCP fax number:	
New PCP ID number:	
New PCP address:	

To be completed by patient or guardian:

I am requesting that my PCP/my child's PCP be changed to the name listed above.

Signature of patient/responsible party: _____

Signature of new PCP: _____

Reason for reassignment:

- Auto-assign/choice issue
 Member/PCP relocation
 PCP office inconvenient
 Unhappy with PCP
 Appointment availability
 Other/no reason

Please provide us with more detail: _____

Fax PCP requests to **1-866-840-4993**.

**Forms will not be processed
unless all fields are completed.**

<https://providers.healthybluelouisiana.com>

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