

Primary Care Provider Reassignment Request Form

Your primary care provider (PCP) is the main person who provides your healthcare. 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.

Member name	Member ID
Member signature	Date
Member birthdate	New PCP name
New PCP phone number	New PCP NPI #

Reason for reassignment:

- | | | |
|---|---|--|
| <input type="checkbox"/> Auto-assign/choice issue | <input type="checkbox"/> Member/PCP relocation | <input type="checkbox"/> PCP office inconvenient |
| <input type="checkbox"/> Unhappy with PCP | <input type="checkbox"/> Appointment availability | <input type="checkbox"/> Other/no reason |

Please provide us with more detail: _____

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

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

**Please allow 24 to 72 hours for
processing.**

<https://provider.healthybluelouisiana.com>

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