



PCP Change Request Form

Member Information

Please Note: This form must be completed and signed by the member/guardian

ID Number	
First Name	
Last Name	
Date of Birth	
Street Address	
City	
State	
Zip	
Telephone	
PCP Name Currently Listed on Member Card	
Name of New PCP Requested	
Printed Name of Member or Guardian (Required)	
Signature of Member or Guardian (Required)	
Relationship to Member	
Date of Request	

Note: The PCP change will be made effective the first day of the following month from the date of request as indicated above.

Fax to: Member Services 804-819-5188

Mail to:

Virginia Premier Health Plan, Inc.

Attention: Member Services

P.O. Box 5307

Richmond, Virginia 23220

PCP CHANGE REQUEST Provider Instructions

WHEN TO USE THE FORM:

This form should be used if you are providing continuing primary care for a Virginia Premier Health Plan, Inc.(VPHP) member and you are not the provider listed on the member's ID card, or the member is not listed on your panel. Please note, the member or guardian must consent to this change, and the member or guardian must sign the form.

HOW TO USE THE FORM:

1. Ask the VPHP member or guardian if they want you listed as their PCP.
2. If the member or guardian consents to you serving as their PCP, give the form to the member or guardian to complete while waiting to be seen.
3. The form **must** be completed, signed and dated by the member or guardian.
4. Fax or mail the completed form to the number or address indicated at the bottom of the on the form.

INFORMATION:

- The PCP change will not be effective until the first day of the following month from the date of request indicated on the form.
- As per individual contract, all participating providers will be paid for office visits, even if the provider is not listed as the member's PCP.
- The Department of Medical Assistance requires that only members can initiate the process to change PCPs.
- Should you have questions regarding this form and/or processes, please call your Provider Service Representative or Quality Nurse.