



## Primary Care Provider (PCP) Change Request Form

**Instructions:** Complete this form to change your Primary Care Provider (PCP). If you have any questions, please call Member Services at 1-800-727-7536 (TTY: 711).

Member Information	
Member ID Number	
First Name	
Last Name	
Date of Birth	
Street Address	
City	
State	
ZIP Code	
Telephone	
Primary Care Provider (PCP) Information	
PCP Name Currently Listed on Member Card	
Name of New PCP Requested	
Member Name and Signature	
Printed Name of Member or Guardian	
Signature of Member or Guardian	
Relationship to Member	
Date of Request	

Once you have completed this form, you can **mail** it to us at:

Virginia Premier – Member Services  
P.O. Box 5307  
Richmond, VA 23220-0307

Or **fax** it to us at: 804-819-5188.