Request for a Change of
Primary Care Provider (PCP/AMH)
Fax to 1-844-743-1646

Your primary care provider (PCP) is the main person who delivers your health care. Complete this form to change your PCP.

For urgent requests or immediate service, please contact your provider representative.

Member Name:			
Member Date of Birth:	Member ID #:		
Member Street Address:	City:	State:	ZIP Code:
Member Phone #:	Current AMH Name:		

Reason for change (check one):

☐Member/PCP Relocation ☐PCP office inconvenient

☐Patient is already established ☐Member Choice

New AMH/ Practice Name:											New Individual Provider Name:									
New PCP NPI:											New AMH Tax ID:									
New AMH Street Address:							City:				State:			ZIP Code:						
Fax #:											Phone #:									

Member or Parent/Guardian Signature:	Date:

Signature of New PCP representative:	Date:

Please note: Effective date will be the 1st of the following month when received on or before the 16th of the month. Effective date will be the 1st of the month following the next month if received after the 16th day of month or later.

Members may be seen by their chosen PCP before they receive their new ID card.

This information is available for free in other languages. Please contact our Member Services number at 1-855-445-3578 (TTY: 711). From October 1 – March 31, hours are 8 a.m. to 8 p.m. From April 1 – September 30, hours are Monday to Friday, 8 a.m. to 8 p.m.

Esta información está disponible de manera gratuita en otros idiomas. Comuníquese con nuestro número de Servicios para Miembros al 1-855-445-3578 (TTY: 711). Desde el 1 de Octubre hasta el 31 de Marzo, el horario es de 8 a.m. a 8 p.m. Desde el 1 de Abril hasta el 30 de Septiembre, el horario es de Lunes a Viernes, de 8 a.m. a 8 p.m.

Enfòmasyon sa a disponib gratis nan lòt lang. Tanpri kontakte nimewo Sèvis pou Manm nou yo nan 1-855-445-3578 (TTY: 711). Apati 1 Oktòb – 31 Mas, lè fonksyònman yo se 8 a.m. rive 8 p.m. Apati 1 Avril – 30 Septanm, lè fonksyònman yo se Lendi rive Vandredi, 8 a.m. rive 8 p.m.

“Wellcare” is issued by WellCare Prescription Insurance, Inc.

Washington residents: “Wellcare” is issued by Coordinated Care of Washington, Inc.

Washington residents: “Wellcare” is issued by WellCare Health Insurance Company of Washington, Inc.

Louisiana D-SNP members: As a Wellcare HMO D-SNP member, you have coverage from both Medicare and Medicaid. You receive your Medicare health care and prescription drug coverage through Wellcare and are also eligible to receive additional health care services and coverage through Louisiana Medicaid. Learn more about providers who participate in Louisiana Medicaid by visiting www.myplan.healthy.la.gov/en/find-provider or https://www.louisianahealthconnect.com. For detailed information about Louisiana Medicaid benefits, please visit the Medicaid website at https://ldh.la.gov/medicaid and select the “Learn about Medicaid Services” link. To request a written copy of our Medicaid Provider Directory, please contact us.

Notice: TennCare is not responsible for payment for these benefits, except for appropriate cost sharing amounts. TennCare is not responsible for guaranteeing the availability or quality of these benefits. Any benefits above and beyond traditional Medicare benefits are applicable to Wellcare Medicare Advantage only and do not indicate increased Medicaid benefits.

Texas D-SNP members: As a Wellcare HMO D-SNP member, you have coverage for both Medicare and Medicaid. You will receive your Medicare health care and prescription drug benefits through Wellcare. You are also eligible to receive additional health care benefits through STAR+PLUS Medicaid. You can

learn more about providers who participate in Wellcare and Medicaid by visiting https://www.wellcarefindaprovider.com/navigate-a-network.html. To request written copies of our Medicare and Medicaid Provider Directories, please contact us at 1-833-444-9089 (TTY: 711), or reach out to your STAR+PLUS Managed Care Organization (MCO).

Language Assistance