Primary Care Provider Reassignment Form

Primary Care Provider (PCP) Information

Date:	
Office Name:	
Office Address:	
City, State, Zip:	
Office Phone:	
Office Fax:	
Staff Member Initiating Request:	
PCP Name and NPI:	PCP Name: NPI #:
PCP Office Location:	

Member Information

Member's Full Name:	
Member's Date of Birth:	
Meridian Medicare-Medicaid Plan (MMP) Member Authorization Signature of Member, Parent, or the Responsible Party is *required* to approve PCP change	X______________________________________ Printed Name:

All fields must be completed. Failure to provide all information will result in this request not being processed.

For questions, please call Member and Provider Services at **1-855-580-1689** (TTY: **711**). Member Services hours are from Monday-Friday, 8 a.m. to 8 p.m. Provider Services hours are Monday-Friday, 8 .m. to 5 p.m. On weekends and on state and federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. You can also visit our website at mmp.ILmeridian.com.

Fax completed Primary Care Provider Reassignment Form to 1-833-376-0586.