



Member Primary Care Provider (PCP) Change Request Form for Meridian Medicare-Medicaid Plan (MMP) Members

Please complete this form with your provider if you want to change your PCP. Your provider will then send this form to your health plan, letting them know about the change.

Your PCP is the provider you go to first and most often for your healthcare needs and for guidance about important preventive care to keep you healthy and active. Please print clearly and complete all fields. Be sure to sign the bottom of the form. You can also choose a new PCP by calling the Member Services phone number on the back of your Member ID card. Hours are from Monday-Friday, 8 a.m. to 8 p.m. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day.

Member First Name: _____ Member Last Name: _____

Date of Birth: _____ Member Phone Number: _____

Member ID #: _____

Current Primary Care Provider (PCP) Name: _____

Group/Location: _____

New Primary Care Provider (PCP) Name: _____

Group/Location: _____

Address: _____

PCP Plan Provider#: _____ Effective Date of Change: _____

Reason for Change: _____

Member Signature _____ Date: _____

Preparer name: _____ Preparer Phone Number: _____

Preparer signature: _____ Date: _____

Instructions

Please fax this form to: 1-833-376-0586.

If you change your PCP on or before the 10th of the month, you will be able to start seeing your new PCP immediately. If you change your PCP after the 10th of the month, you can begin seeing your new PCP on the 1st of the following month.

If your PCP leaves the network, you will receive a notification in the mail at least 30 days before the change takes place. We can help you find a new PCP if the one that you have now leaves our network.

Meridian Medicare-Medicaid Plan (MMP) is a health plan that contracts with both Medicare and Illinois Medicaid to provide benefits of both programs to enrollees.

You can get this document for free in other formats, such as large print, braille, or audio. Call 1-855-580-1689 (TTY: 711). Representatives are available Monday-Friday, 8 a.m. to 8 p.m. to assist you. On weekends and on state or federal holidays, you may be asked to leave a message. Your call will be returned within the next business day. The call is free.