



Primary Care Provider (PCP) Change Request Form

Provider/Facility: \_\_\_\_\_ OR Stamp: \_\_\_\_\_

Tax ID#: \_\_\_\_\_ Phone: \_\_\_\_\_

Member Information:

Member Name: (required): \_\_\_\_\_

Member Phone# (required): \_\_\_\_\_

Member ID# OR DOB (required): \_\_\_\_\_

Other Family Members:

Member Name: \_\_\_\_\_ Member ID# or DOB: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member ID# or DOB: \_\_\_\_\_

Member Name: \_\_\_\_\_ Member ID# or DOB: \_\_\_\_\_

Reason for Change (required):

- No Reason - I just want different doctor on my card
More convenient location/hours
Referral by family/friend
I am an existing patient with this doctor. I did not request this doctor when I enrolled with CareSource North Carolina Co.
Dissatisfaction - A CareSource North Carolina Co. representative will contact you upon receipt of request.
I requested this PCP when I enrolled, but CareSource North Carolina Co. assigned a different doctor on my CareSource North Carolina Co. ID Card

I want to be contacted by a CareSource North Carolina Co. representative to discuss the change.

The required fields must be completed for the change to be processed. Members can continue to be treated by the requested PCP until the change is complete. The member should continue to use their current ID card until the new ID card is received. All requests will be processed within 3-5 business days of receipt.

Member/Member Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider (Staff) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Fax requests to CareSource of North Carolina Co. Member Services at (937) 226-6919

Qualified Health Plans offered in North Carolina by CareSource North Carolina Co., d/b/a CareSource

(C) CareSource Management Group - All Rights Reserved