

Ohio





All MCP Primary Care Provider (PCP) Selection/Change Form

Please complete this form to update the Primary Care Provider (PCP) Selection/Change Form for an OH Medicaid MCO member. Please fax/email completed form to the MCO listed below.

PCP Address City State ZIP Code PCP Phone # PCP Fax # Effective Date / Have you seen this provider in the last year? Yes No (Please check one) More convenient location/hours No reason - I just want different doctor on my card I am an existing patient with this doctor Referral by family/friend I are an existing patient with this doctor Referral by family/friend But was assigned a different doctor Dissatisfaction Member Information (Please print) Full name Dat of Birth / / Address City State ZIP Code Member ID # Phone # Address City State ZIP Code (A new ID card will be sent out to this address within seven to ten business days.) Signature of Member or Member's Guardian Today's Date Provider (Staff) Signature Today's Date Provider (Staff) Signature Today's Date OH Medicaid Managed Care Organization (MCO) Information AmeriHealth Caritas Ohio; Fax Number: (833) 641-3290 Anthem Blue Cross & Blue Shield; Fax Number: (866) 840-4993 CareSource; Fax N	New Provider Information (Please print)	
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