PCP CHANGE FORM

****Member’s Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member ID #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PCP CHANGE:**

Full name of current PCP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of **NEW PCP**: \_Eric Wilcox DO\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tax ID: 16-0743134 NPI: \_1548283518\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of New PCP: : \_\_181 Lomb Memorial Drive\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_Rochester, NY 14623\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Effective Date of Change: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Reason for Change: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Member (or Parent) Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_585-922-3100\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please Fax completed forms to:

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| --- | --- |
| INSURANCE PLAN: | FAX NUMBER: |
| Blue Choice Rochester/BCBS Rochester | 585-238-3692 |
| Blue Choice Option/Child Health Plus | 844-299-1581 |
| Premier/Premier Option/Premier CHP | 844-299-1581 |
| MVP (including Option) | 585-327-2227 |
| BCBS WNY Traditional/Community Blue | 716-887-7912 |
| BCBS WNY Government Programs Service | 877-396-7556 |
| BCBS WNY Senior Blue Service | 888-553-0075 |
| FIDELIS – Member Services Dept | 718-393-6635 |
| Wellcare | 813-675-3021 |
| United Health Care Community Plan (Medicaid replacement) | 888-884-9642 |
| Health Now State and Federal Members | 888-333-4316 |
| Health Now Commercial/ASO Members | 866-605-9524 |