

Dell Children's Health Plan primary care provider change request

Your primary care provider is the main person who gives you health care. Complete this form to change your primary care provider. For urgent requests, please call Member Services toll free at 1-888-596-0268 (TTY 711).

Member information

Member's full name	
Member's date of birth	
Member/guardian's phone number	
State of residence	
Legal guardian's name if member is age 18 or younger	
Dell Children's Health Plan ID card number	
Medicaid/CHIP ID number	

Primary care provider information

Date of primary care provider change request	
Name of new primary care provider	
Name of new primary care provider staff member processing this request	
New primary care provider phone number	
New primary care provider fax number	
New primary care provider ID number	
New primary care provider address	

- I am requesting that my primary care provider/my child's primary care provider be changed to the name listed above.

Signature of patient/guardian: _____

Mark why you want to change to a new primary care provider:

- I didn't get to choose my primary care provider
- I'm unhappy with my primary care provider
- I am/my primary care provider is relocating
- I'm unhappy with the appointments I can get with my primary care provider
- It's difficult to get to my primary care provider's office
- No reason/other: _____

Fax the completed form to: 1-866-840-4993. Please allow 24-72 hours for processing. Forms will not be processed unless all required fields are completed.

