**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).

<table>
<thead>
<tr>
<th><strong>Member information</strong></th>
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<tbody>
<tr>
<td>Member’s full name</td>
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<tr>
<td>Member’s date of birth</td>
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<tr>
<td>Member/guardian’s phone number</td>
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<tr>
<td>State of residence</td>
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<tr>
<td>Legal guardian’s name if member is age 18 or younger</td>
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<tr>
<td>Dell Children’s Health Plan ID card number</td>
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<tr>
<td>Medicaid/CHIP ID number</td>
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<table>
<thead>
<tr>
<th><strong>Primary care provider information</strong></th>
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<tbody>
<tr>
<td>Date of primary care provider change request</td>
<td></td>
</tr>
<tr>
<td>Name of new primary care provider</td>
<td></td>
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<tr>
<td>Name of new primary care provider staff member processing this request</td>
<td></td>
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<tr>
<td>New primary care provider phone number</td>
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<tr>
<td>New primary care provider fax number</td>
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<tr>
<td>New primary care provider ID number</td>
<td></td>
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<tr>
<td>New primary care provider address</td>
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</table>

☐ 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.