



Provider change request form
Allow 24 to 72 hours for change

Do you need to change your primary care doctor?
 Fill out this form. Fax it to 1-866-840-4993.

Is this urgent? Call Member Services at 1-855-690-7784 (TTY 711).

Member Information

Member first and last name	
Date of birth	
Legal guardian name (if member is younger than 18 years old)	
Anthem ID or social security number	
Home state	
Medicaid ID number	
Phone number	

I want my/my child's doctor changed because:

<input type="checkbox"/> Member choice	<input type="checkbox"/> Appointment availability	<input type="checkbox"/> Office location
<input type="checkbox"/> I don't like my/my child's doctor	<input type="checkbox"/> Other (see below)	<input type="checkbox"/> No reason

Other reason _____

Member/Parent/legal guardian signature _____

New Doctor Information

Doctor name	
Phone number	
Fax number	
ID number	
Office address	

Fax completed form to 1-866-840-4993.

Incomplete forms will not be accepted.

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The effective date of this change is the date stamped on this fax.

We can translate this at no cost. Call the Member Services number on your member ID card.

Podemos traducir esta información sin costo. Llame al número de Servicios a Miembros que figura en su tarjeta de identificación de miembro.