

## Request for a Change of PCP/AMH

### Fax to 919-651-8668

Your primary care provider (PCP) is the main person who delivers your health care. Complete this form to change your PCP. For urgent requests or immediate service, please call Member and Recipient Services toll-free number at **800-510-9132**.

Member name		
Date of birth	Member ID number	
Member Street Address		
City	State	Zip Code
Member phone number	Current PCP/AMH name	

Reason for change (check one)

☐

Member/PCP relocation

☐

Patient is already established

☐

PCP office inconvenient

☐

Member choice

New PCP/AMH practice name		New individual provider name	
Wilson Community Health Center			
New PCP/AMH street address			
303 Green Street East			
City	State	Zip Code	
Wilson	NC	27893	
Fax number	Phone number		
252-243-9888	252-243-9800		

Member or parent/guardian signature	Date

**Please note:** Effective date will be the 1st of the following month when received on or before the 16th of the month. Effective date will be the 1st of the month following the next month if received after the 16th day of month or later.

Members may be seen by their chosen PCP before they receive their new ID card.