

REQUEST FOR A CHANGE OF PRIMARY CARE PROVIDER (PCP/AMH)

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 1-877-685-2415.

Member Name:			
Member Date of Birth: test		Member ID #:	
Member Street Address:		City:	State: ZIP Code:
Member Phone #:		Current PCP Name:	
Email Address:		Okay to leave voicemail: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason for change (check one):

- ☐ Member/PCP Relocation (has moved)
 ☐ PCP office hard to get to
☐ Patient is already seeing a PCP
 ☐ Member Choice

New PCP/ Practice Name: Harvest Family Health Center										New Individual Provider Name:										
New PCP NPI:	1	0	9	3	8	8	3	8	5	2	New AMH Tax ID:	5	8	2	0	7	9	8	1	9
New AMH Street Address: 8250 South NC 58					City: Elm City					State: NC		ZIP Code: 27822								
Fax #: 252-443-7611										Phone#: #: 252-443-7744										

Member or Parent/Guardian Signature: _____

Date: _____

Signature of New PCP representative: _____

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.

Please save to your computer and email as an attachment to MemberEngagement@TrilliumNC.org if you cannot use the Submit button.

Submit