



Primary Care Physician (PCP) Change Request Form

Please complete only one form per household. Forms completed improperly or missing the member or responsible party signature will not be processed and the primary care provider (PCP) change will not occur. All requests will be processed within 7–10 business day of receipt. Members can continue to be treated by the requested PCP until the change is completed. Member should continue to use their current WellCare ID card until they receive their new ID card.

Please fax or email completed form to the Attention of Member Support at
Fax: (866)-388-4696 Email: MemberSupport@WellCare.com

From _____ Date _____

Member Information	
Member Name _____	Member ID _____
Member DOB _____	
Member Address _____	

Member Information	
Member Name _____	Member ID _____
Member DOB _____	
Member Address _____	

PCP Information	
Current PCP Name _____	Current PCP ID _____
New PCP Name _____	New PCP ID _____
New PCP Address _____	
Effective Date _____	
Reason for Change:	
<input type="checkbox"/> Different Primary Care Provider Preferred	
<input type="checkbox"/> Referred by family / friend	
<input type="checkbox"/> Convenient office location and Ior hours	
<input type="checkbox"/> Already a patient with requested PCP	
<input type="checkbox"/> I requested this PCP upon enrollment, but WellCare assigned a different PCP on my WellCare ID Card	
<input type="checkbox"/> Dissatisfaction with assigned PCP: Note- WellCare will file a grievance on your behalf, you may receive a call requesting more information	
<input type="checkbox"/> Other: _____	

By signing this form I am giving my healthcare provider permission to request a change of my PCP with WellCare Health Plan

Member/Legal Guardian Signature: _____ Date: _____

Please Note: ID Card will be mailed to the address member has on file with WellCare Health Plan

Privacy Notice: This message, and any attachments, are confidential and are intended for the exclusive use of the addressee(s) and may contain information that is proprietary and that may be Individually Identifiable or Protected Health Information under HIPAA. If you are not the intended recipient, please immediately contact the sender by telephone, or by email, and destroy all copies of this message.