



Member PCP Designation Form

Please fax this completed form to AmeriHealth Caritas District of Columbia at **202-842-1084**.

I, _____, am a patient who agrees to be seen for medical services at the following

Member name

clinic or physician office: _____

Name of clinic or physician office

I am enrolled with AmeriHealth Caritas District of Columbia and my member ID number is: _____

Member ID number (This number begins with a "7" and is also called the Medicaid ID number.)

I would like _____ to be my primary care provider (PCP).

Name of provider or health care center

Effective date of PCP selection: _____ PCP NPI number: _____

Date

PCP NPI number

Location of practice: _____

Location of practice

I, as the member, understand that by requesting this PCP assignment, I will continue to seek and receive care from my PCP until I officially request a PCP change by contacting the health plan indicated above. This change will result with a new member card being issued.

Please complete the contact information below to ensure that your member card is mailed to your current residence or, if you are homeless, to the clinic where services are obtained.

Print member name

Date of birth

Member signature

Date of signature

Member street address (house number, street name, quadrant and apartment number, if applicable)

City

State

ZIP

Phone number

Witness signature

Print witness name

Name/number of clinic

Date of signature

If homeless, please check the box and enter the shelter, clinic or physician office location as your home address if you want your card to be mailed or delivered to that location.

Please return this form to AmeriHealth Caritas District of Columbia via fax at **202-842-1084**. Note, there is a 48-hour turnaround time to process these requests when submitted by fax. For an immediate change in PCP assignment, please advise the member to call Member Services at **1-800-408-7511 (TTY/TDD 202-216-9885 or 1-800-570-1190)**.

If you need this information in English, contact Member Services by calling 202-408-4720 or 1-800-408-7511, 24 hours a day.

Si necesita esta información en español, comuníquese con Servicios al Miembro llamando al 202-408-4720 o 1-800-408-7511, las 24 horas del día.

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إذا احتجت إلى هذه المعلومات باللغة العربية، يرجى الاتصال بفريق خدمة الأعضاء على الرقم 202-408-4720 أو الرقم 1-800-408-7511، وذلك على مدار الساعة.

Si vous avez besoin de ces renseignements en français, veuillez contacter les Services aux membres en appelant au 202-408-4720 ou au 1-800-408-7511, 24 heures sur 24.

如果您需要用中文獲得此資訊，可每天 24 小時致電 202-408-4720 或 1-800-408-7511，聯絡會員服務部。

Se necessitar estas informações em Português, entre em contato com o Serviços para Associados ligando para 202-408-4720 ou 1-800-408-7511, 24 horas por dia.

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AmeriHealth Caritas
District of Columbia

www.amerihealthcaritasdc.com