Primary Care Physician

ONE MEMBER PER FORM

home state health™

Member Information ***Required Field**

First Name: MI: Last Name:

MO HealthNet ID*: Date of Birth (mmddyyyy):

SSN: Telephone number: - -

Mailing Address:

City: State: Zip Code:

PCP Change Request - Please provide PCP Information

Requested PCP Name PCP#

Office Address:

City: State: Zip Code:

Office Phone: - - Effective Date (mmddyyyy):

PCP change will be in effect within 2 business days of the request.

Reason for Change from Assigned PCP - Choose all that apply. Select at least one.

- ○ New Member - made 1st time selection
- ○ Already patient with requested PCP
- ○ Requested PCP already sees family member
- ○ Member Preference
- ○ Member Moved
- ○ PCP Hours didn't fit Member need
- ○ Quality of Care
- ○ Provider Location
- ○ Association with hospital or medical group
- ○ Language/communication barriers
- ○ Wait time in provider office
- ○ Availability to get appointment/access to care
- ○ Established relationship w/ another PCP
- ○ Other

Signature of Member or Authorized Representative Date (mmddyyyy)

Print Name of Member or Authorized Representative

Directions: Please **FAX** Member Change Data forms, with a copy of the Member ID card, if available, to Home State Health Member Services Department at **1-866-390-4429** or mail it to Home State Health Member Services, 16090 Swingley Ridge Road, Suite 500, Chesterfield, MO 63017. If you have questions about how to complete this form or want to make this request over the phone, please call the Home State Health Member Services Department, from 8 a.m. to 5 p.m., Monday through Friday, at 1-855-694-4663 (TTY/TTD: 1-877-250-6113).

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