



## Louisiana Healthcare Connections PCP Change Request Form

### Member Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 Member ID: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: (     ) \_\_\_\_\_

### PCP Change Request

*Please Provide PCP Information*

Requested PCP Name: \_\_\_\_\_ Provider ID: \_\_\_\_\_  
 Office Address: \_\_\_\_\_  
 City: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Office Phone: (     ) \_\_\_\_\_  
 Effective Date: \_\_\_\_\_

### Reason for Change from Assigned PCP

- |   |  |
|---|--|
| <input type="checkbox"/> Already patient with requested PCP       | <input type="checkbox"/> Association with hospital or medical group      |
| <input type="checkbox"/> Requested PCP already sees family member | <input type="checkbox"/> Language/communication barriers                 |
| <input type="checkbox"/> Member Preference                        | <input type="checkbox"/> Wait time in provider office                    |
| <input type="checkbox"/> Member Moved                             | <input type="checkbox"/> Availability to get appointment. Access to care |
| <input type="checkbox"/> PCP Hours didn't fit member need         | <input type="checkbox"/> Association with hospital or medical group      |
| <input type="checkbox"/> Quality of Care                          | <input type="checkbox"/> Established relationship w/ another             |
| <input type="checkbox"/> Provider Location                        | <input type="checkbox"/> Other   |

\_\_\_\_\_  
Signature of Member or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative

Directions: Please fax Member Change Data forms, with a copy of the member ID card, if available, to Louisiana Healthcare Connections Member Services Department at 1-866-7689374, or mail it to Louisiana Healthcare Connections Member Services, 8550 United Plaza Blvd, Baton Rouge, LA 70809.

If you have questions about how to complete this form, please call the Louisiana Healthcare Connections Member Services Department, Monday through Friday, 7 a.m.-7 p.m. at 1-866-595-8133 (TDD/TTY 1-877-285-4514).