

An Anthem Company

# **Empire BlueCross BlueShield HealthPlus Change Your Primary Care Provider (PCP) Fax Form**

Please complete this form and ask your new provider to fax it to 1-866-840-4993. It may take up to 72 hours for Empire to update your record. You'll get an updated member ID card in the mail in about 45 days. You may also call Member Services at 1-800-300-8181 (TTY 711).

#### Member information

Full name	
Date of birth	
Responsible party's name (if 18 or younger)	
ID card number	
State of residence	
Medicaid ID card number	
Phone number	
Phone type (home, mobile, work)	

#### **New PCP information**

Name	
Telephone number	
Fax number	
Provider ID number	
Provider address	

### Give Empire permission to change your PCP by checking the box and signing below:

Please change my PCP/my child's PCP to the provider named above.
 Member/responsible party signature: \_\_\_\_\_\_ Date: \_\_\_\_\_\_
 Reason for change:

 Wrong name listed
 I moved/My PCP moved
 My PCP no longer accepts my plan
 Not satisfied with PCP
 I couldn't get my appointment(s) in time
 Other (please explain below)

## www.empireblue.com/ny

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