Primary Care Physician

ONE MEMBER PER FORM

YouthCare HealthChoice Illinois

Member Information *Required Field

First Name: MI: Last Name:

Medicaid ID*: Date of Birth (mmddyyyy):

SSN: Telephone number: - -

Mailing Address:

City: State: Zip Code:

PCP Change Request - Please provide PCP Information

Requested PCP Name NPI#

Office Address:

City: State: Zip Code:

Office Phone: - - Effective Date (mmddyyyy):

The effective date will be based upon the plan's selection/change policy.

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 Left Network
- ☐ 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
- ☐ Provider Request to Disenroll Member
- ☐ 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 YouthCare Member Services Department at **1-844-931-1229** or mail it to YouthCare Member Services, P.O. Box 733, Elk Grove Village, IL 60009-0733. If you have questions about how to complete this form or want to make this request over the phone, please call the YouthCare Member Services Department, from 8 a.m. to 6 p.m., Monday through Friday, at 1-844-289-2264 (TTY: 711).