



Member Primary Care Provider (PCP) Change Request Form

Please complete this form with your provider if you want to change your PCP. Your provider will then send this form to your health plan, letting them know about the change.

Your PCP is the provider you go to first and most often for your healthcare needs and for guidance about important preventive care to keep you healthy and active. Please print clearly and complete all fields. Be sure to sign the bottom of the form. You can also choose a new PCP by calling the Member Services phone number on the back of your Member ID card.

Member First Name: _____ Member Last Name: _____
Date of Birth: _____ Member Phone Number: _____
Member ID #: _____

Current Primary Care Provider (PCP) Name: _____

Group/Location: _____

New Primary Care Provider (PCP) Name: _____

Group/Location: _____

Address: _____

PCP Plan Provider #: _____ Effective Date of Change: _____

Reason for Change: _____

Member Signature _____ Date: _____

Preparer name: _____ Preparer Phone Number: _____

Preparer signature: _____ Date: _____

Instructions

Please fax this form to 1-855-247-7480.

All PCP changes submitted prior to the 10th of the month will be effective on the first of the same month, all PCP changes submitted after the 10th of the month will be effective the first of the following month.

Upon receipt of form, turnaround times can take up to 5 business days to process. However, the member's new PCP may begin to see them effective immediately.

Please contact your plan for details.

Discrimination is Against the Law

Arizona Complete Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Arizona Complete Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Arizona Complete Health:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides language services at no cost to people whose primary language is not English, such as: qualified interpreters and information written in other languages

If you need these services, contact Member Services at:

Arizona Complete Health: **1-800-977-7522** (TTY/TDD: **711**)

If you believe that Arizona Complete Health failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with the Chief Compliance Officer. You can file a grievance in person, by mail, fax, or email. Your grievance must be in writing and must be submitted within 180 days of the date that the person filing the grievance becomes aware of what is believed to be discrimination.

Submit your grievance to:

Wellcare By Allwell - Appeals & Grievances - Medicare Operations

P.O. Box 279410 Sacramento, CA 95827

Fax: **1-844-273-2671**

Email: **Arizona_Medicare@CENTENE.COM**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, or by mail at U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201; or by phone: **1-800-368-1019, 1-800-537-7697** (TTY/TDD).

Complaint forms are available at **<http://www.hhs.gov/ocr/office/file/index.html>**

La Discriminación es un Delito

Arizona Complete Health cumple con las leyes de derechos civiles Federales vigentes y no discrimina por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo. Arizona Complete Health no excluye a personas ni las trata de forma diferente por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo.

Arizona Complete Health proporciona lo siguiente:

- Asistencia y servicios sin costo alguno a las personas con discapacidades para comunicarse de manera eficaz con nosotros, tales como intérpretes calificados de lengua de señas
- Información escrita en otros formatos (letra grande, audios, formatos electrónicos accesibles y otros formatos)
- Servicios de idiomas sin costo alguno a personas cuyo idioma principal no es el inglés, tales como intérpretes calificados e información escrita en otros idiomas

Si necesita estos servicios, llame a Servicios para Miembros al siguiente número:

Arizona Complete Health: **1-800-977-7522** (TTY/TDD: **711**)

Si considera que Arizona Complete Health no le brindó estos servicios o lo discriminó de otra manera por motivos de raza, color de piel, nacionalidad de origen, edad, discapacidad o sexo, puede presentar una queja ante el Oficial de Cumplimiento. Puede presentar una queja en persona, por correo, fax o correo electrónico. Su queja se debe realizar por escrito y se debe enviar en un plazo de 180 días a partir de la fecha en que la persona que presenta la queja toma conocimiento de lo que se considera como discriminación.

Envíe su queja a la siguiente dirección:

Wellcare By Allwell - Appeals & Grievances - Medicare Operations

P.O. Box 279410 Sacramento, CA 95827

Fax: **1-844-273-2671**

Correo electrónico: **Arizona_Medicare@CENTENE.COM**

También puede presentar una queja de derechos civiles a la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de EE. UU. de manera electrónica a través del Portal de Quejas de la Oficina de Derechos Civiles, el cual se encuentra disponible en **<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**, o puede enviarla por correo a U.S. Department of Health and Human Services; 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D. C. 20201. Asimismo, puede presentar dicha queja por teléfono llamando al **1-800-368-1019** o al **1-800-537-7697** (TTY/TDD).

Los formularios de queja están disponibles en **<http://www.hhs.gov/ocr/office/file/index.html>**

ATTENTION: If you speak a language other than English, oral interpretation and written translation are available to you at no cost to understand the information provided. Call **1-800-977-7522** (TTY:TDD **711**)

Spanish	Si habla español, contamos con servicios de interpretación oral y traducción escrita, disponibles para usted de manera gratuita, para que pueda comprender la información. Llame al 1-800-977-7522 (TTY:TDD 711).
Navajo	Dine k'ehji yanilti go ata' hane' ná hólo doo naaltsos t'aa Dine k'ehji bee bik'e'ashchiigo nich'' adoolniilgo bee haz'a aldo ako dii t'a at'e t'aajik'e kot'eegol nich'' sa'até. Koji holne 1-800-977-7522 (TTY:TDD 711).
Chinese (Mandarin)	若您讲中文，我们会免费为您提供口译和笔译服务。请致电 1-800-977-7522 (TTY:TDD 711)。
Chinese (Cantonese)	我們為中文使用者免費提供口譯和筆譯。請致電 1-800-977-7522 (TTY:TDD 711)。
Vietnamese	Nếu quý vị nói tiếng Việt, quý vị được cung cấp dịch vụ phiên dịch và biên dịch, miễn phí, để quý vị hiểu được thông tin. Hãy gọi 1-800-977-7522 (TTY:TDD 711).
Arabic	إذا كنت تتحدث لغة غير الإنكليزية، تتوفر لك ترجمة شفوية وترجمة كتابية مجاناً لكي تفهم المعلومات الموقرة. اتصل على الرقم 1-800-977-7522 (TTY:TDD 711).
Tagalog	Kung ikaw ay nagsasalita ng Tagalog, may oral na interpretasyon at nakasulat na pagsasalin na maaari mong gamitin nang wala kang babayaran para maunawaan ang impormasyong ibinigay. Tumawag sa 1-800-977-7522 (TTY:TDD 711).
Korean	한국어를 하실 경우, 제공된 정보의 이해를 위한 구두 통역 및 서면 번역 서비스를 무료로 제공해드릴 수 있습니다. 1-800-977-7522 (TTY:TDD 711) 번으로 전화하십시오.
French	Si vous parlez français, vous disposez, sans frais, d'une interprétation orale et d'une traduction écrite pour pouvoir comprendre les informations fournies. Appelez le 1-800-977-7522 (TTY:TDD 711).
German	Für alle, die Deutsch sprechen, stehen kostenlose Dolmetscher- und Übersetzungsservices zur Verfügung. Telefon: 1-800-977-7522 (TTY:TDD 711).
Russian	Если вы говорите по-русски, вам бесплатно доступны услуги устного и письменного перевода предоставляемой информации. Звоните по телефону 1-800-977-7522 (TTY:TDD 711).
Japanese	日本語を話される方は、提供された情報を理解するための通訳（口頭）および翻訳（筆記）を無料でご利用いただけます。電話番号 1-800-977-7522 (TTY:TDD 711)。

