

Member Data Change Form
 For Member Contact Information & PCP Change Requests



Part 1: Member Information Please provide the member's information:

* = required field

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(Last Name)*

(First Name)*

(Middle Initial)

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(Member Medicaid ID Number)*

(Member Date of Birth)

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(Current Street Address)

(City)

(Zip Code)

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(Contact Phone Number)*

Part 2: PCP Change Request

Please provide PCP information: (only complete if member would like to change PCPs)

* = required field

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(Requested PCP Full Name)*

(PCP Provider ID)*

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(Office Address)*

(City)

(Zip Code)

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(Office Phone)*

Reason for Change from Assigned PCP:

- | | |
|---|--|
| <input type="checkbox"/> Already a patient with requested PCP
<input type="checkbox"/> Requested PCP already sees family member
<input type="checkbox"/> Assigned PCP is too far
<input type="checkbox"/> Other_____ | <input type="checkbox"/> Office wait time is too long for assigned PCP
<input type="checkbox"/> Appointment wait time is too long for assigned PCP
<input type="checkbox"/> Assigned PCP does not accept age |
|---|--|

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(Signature of Member or Responsible Party)

(Date)

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(Print Name of Responsible Party if Different from Member)

Birth Parent? Yes or No If "No", the name of the "Responsible Party" must match exactly what Peach State has on file for "Responsible Party" or change cannot be processed.

Directions: Please fax Member Data Change forms, with a copy of the member ID card, if available, to Peach State Member Services Department at 1-800-659-7518. If you have questions about how to complete this form please call the Member Services Department at 1-800-704-1484.