



Primary Care Physician (PCP) Change Request

Complete this form and return it to Health Plan Services to change a PCP for yourself or for a covered dependent. Be sure to contact the physician to make sure that he/she is accepting new patients. You will receive a temporary ID card within 3 business days indicating your new PCP and a permanent card within 10 -14 business days.

Your Name:	Date of Birth:
Member ID:	Phone:
Address:	City/Zip:

I am requesting to change the PCP for the following covered members:

1)	Member Name:	Member ID:
	Date of Birth:	Current PCP:
	New PCP:	New PCP Phone:
	Effective Date: <i>(to be completed by KLHP)</i>	
2)	Member Name:	Member ID:
	Date of Birth:	Current PCP:
	New PCP:	New PCP Phone:
	Effective Date: <i>(to be completed by KLHP)</i>	
3)	Member Name:	Member ID:
	Date of Birth:	Current PCP:
	New PCP:	New PCP Phone:
	Effective Date: <i>(to be completed by KLHP)</i>	
4)	Member Name:	Member ID:
	Date of Birth:	Current PCP:
	New PCP:	New PCP Phone:
	Effective Date: <i>(to be completed by KLHP)</i>	

Member Signature: _____ Date: _____

Fax request to Health Plan Services at (661) 868-3295.