



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.

Wellcare by Allwell complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, health status, sex, sexual orientation, gender identity or disability and will not use any policy or practice that has the effect of discriminating on the basis of race, color, national origin, health status, sex, sexual orientation, gender identity or disability.

Wellcare by Allwell:

- * Provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, accessible electronic formats, other formats).
- * Provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages.

If you need these services, contact Wellcare by Allwell at 1-877-935-8024 (TTY: 711). From October 1 to March 31, you can call us 7 days a week from 8 a.m. to 8 p.m. From April 1 to September 30, you can call us Monday through Friday from 8 a.m. to 8 p.m. A messaging system is used after hours, weekends, and on federal holidays.

If you believe that Wellcare by Allwell has 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 by calling the number above and telling them you need help filing a grievance; Wellcare by Allwell's Customer Service is available to help you.

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 or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, (TDD: 1-800-537-7697).

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

English:

If you, or someone you are helping, have questions about Wellcare by Allwell, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 1-877-935-8024 (TTY: 711).

Español (Spanish)

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-877-935-8024 (TTY: 711).

Hmoob (Hmong)

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-877-935-8024 (TTY: 711).

中文 (Chinese Mandarin)

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-877-935-8024 (TTY: 711)。

ລາວ (Laotian)

ໂປດຊາບຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ ; ການບໍລິການຊ່ວຍເຫຼືອ ອດ້ານພາສາ, ໂດຍບໍ່ເສັຽຄ່າ, ແມ່ນມີພ້ອມໃຫ້ທ່ານ ໂທ 1-877-935-8024 (TTY: 711).

Burmese

ເອກະຊົນ ພາສາ - ດຳລັງ ພາສາ ທາງການ ທາງການ ທາງການ
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OGEYSIIS (Somali)

DIGTOONI: Hadii luuqada aad ku hadashaa tahay Somali, waxa ku diyaar ah adeega caawinta luuqadaha oo lacag la'aan ah. Fadlan wac 1-877-935-8024 (TTY: 711).

Русский язык (Russian)

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-877-935-8024 (телетайп: 711).

Serbo-Croatian

PAŽNJA: Ako govorite srpsko-hrvatski imate pravo na besplatnu jezičnu pomoć. Nazovite 1-877-935-8024 (telefon za gluhe: 711).

Deutsch (German)

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-877-935-8024 (TTY: 711).

العربية Arabic

تنبيه: إذا كنتم تتحدثون العربية، تتوفر لكم مساعدة لغوية مجانية. اتصلوا بالرقم 1-877-935-8024 (هاتف نصي: 711)

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-877-935-8024 (TTY: 711)

한국어 (Korean)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-877-935-8024 (TTY: 711) 번으로 전화해 주십시오.

Pennsilfaanisch Deitsch (Pennsylvania Dutch):

Wann du [Deitsch (Pennsylvania German / Dutch)] schwetzscht, kannscht du mitaus Koschte ebber gricke, ass dihr helft mit die englisch Schprooch. Ruf selli Nummer uff: Call 1-877-935-8024 (TTY: 711).

Français (French):

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-877-935-8024 (ATS: 711).

Polski (Polish):

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-877-935-8024 (TTY: 711).

हिंदी (Hindi):

आप या जिसकी आप मदद कर रहे हैं उनके, Allwell from MHS Health Wisconsin के बारे में कोई सवाल हो, तो आपको जबना कसी खर्च के अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। कसी दुभाषण से बात करने के लिए 1-877-935-8024 (TTY: 711) पर कॉल करें।

Shqip (Albanian):

KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-877-935-8024 (TTY: 711).

Tagalog (Tagalog, Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-877-935-8024 (TTY: 711).