

Empire BlueCross BlueShield HealthPlus Change Your Primary Care Provider (PCP) Fax Form

Please complete this form and ask your new provider to fax it to 1-866-840-4993. It may take up to 72 hours for Empire to update your record. You'll get an updated member ID card in the mail in about 45 days. You may also call Member Services at 1-800-300-8181 (TTY 711).

Member information	ı		
Full name			
Date of birth			
Responsible party's name (if 1	8 or younger)		
ID card number			
State of residence			
Medicaid ID card number			
Phone number			
Phone type (home, mobile, wo	rk)		
	l.		
New PCP information			
Name			
Telephone number			
Fax number			
Provider ID number			
Provider address			
Give Empire permission to ch Please change my PCP/	my child's PCP to	the provider name	d above.
1 1 0			
Reason for change:			
Wrong name listed	I moved/N or is too f	My PCP moved far away	My PCP no longer accepts my plan
Not satisfied with PCP	I couldn't appointme	get my ent(s) in time	Other (please explain below)

www.empireblue.com/ny

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