

Request for a Change of Primary Care Provider (PCP) or Address Update

Member Name: _____ Member Birth Date: _____

Member Address _____ Member ID #: _____

Member City: _____ State: _____ ZIP code: _____

Member Phone: _____ Member Email: _____

This is an updated member address/phone/email.

Current PCP Name: _____ NPI# _____

Current PCP Address: _____

Reason for change (check one):

Member moved out of PCP service area

Patient Already Established

PCP retired

PCP left location

PCP moved out of service area

PCP deceased (died)

Other (please explain) _____

New PCP Name: _____ NPI# _____

New PCP Address: _____

New PCP City: _____ State: _____ ZIP code: _____

Please fax this completed form to 866-386-9286

Member Signature: _____ Date: _____

Member Phone Numbers: (____) _____ (____) _____

Note:

- **Member Signature Required**
- **Address of record not formally changed until Kancare Clearinghouse processes change. The quickest way to change a member address is to contact the Kancare Clearinghouse Call Center at 1-800-792-4884. Address changes can be submitted by provider or member.**
- **Fax number 866-888-1129 cannot be used after 5/22/2020. Please use 844-386-9286 for all faxes.**