



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:
$\hfill\Box$ 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 moved out of service area □ PCP deceased (died) □ Other (please explain)
☐ PCP left location	
New PCP Name:	
New PCP City:	
Please fax this completed form to 844-386-9286	
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.