AmeriHealth Caritas™
Delaware

Primary Care Provider (PCP) Selection Form

Provider information	
Provider name:	Provider ID:
Provider phone:	Provider email:
Provider address:	

Member information	
Member name:	Member ID:
Member phone:	Member date of birth:
Member address:	

Change request	
Requested date of change:	
Reason for change:	
I request that the above-named provider be assigned as my/my child's PCP effective today.	
Signature:	Date:
Patient/member or guardian signature:	

Fax to: Provider Transfer Fax AmeriHealth Caritas Delaware 1-855-396-5780
(Include on cover sheet "Urgent Provider Transfer")