



Enrollee PCP Designation Form

Please fax this completed form to AmeriHealth Caritas District of Columbia at **202-842-1084**.

I, _____, am a patient who agrees to be seen for medical services at the following

Enrollee name

clinic or physician office: _____

Name of clinic or physician office

I am enrolled with AmeriHealth Caritas District of Columbia and my enrollee ID number is: _____

Enrollee ID number (This number begins with a "7" and is also called the Medicaid ID number.)

I would like _____ to be my primary care provider (PCP).

Name of provider or health care center

Effective date of PCP selection: _____ PCP NPI number: _____

Date

PCP NPI number

Location of practice: _____

Location of practice

I, as the enrollee, understand that by requesting this PCP assignment, I will continue to seek and receive care from my PCP until I officially request a PCP change by contacting the health plan indicated above. This change will result with a new enrollee card being issued.

Please complete the contact information below to ensure that your enrollee card is mailed to your current residence or, if you are homeless, to the clinic where services are obtained.

Print enrollee name

Date of birth

Enrollee signature

Date of signature

Enrollee street address (house number, street name, quadrant and apartment number, if applicable)

City

State

ZIP

Phone number

Witness signature

Print witness name

Name/number of clinic

Date of signature

If homeless, please check the box and enter the shelter, clinic or physician office location as your home address if you want your card to be mailed or delivered to that location.

Please return this form to AmeriHealth Caritas District of Columbia via fax at **202-842-1084**. Note, there is a 48-hour turnaround time to process these requests when submitted by fax. For an immediate change in PCP assignment, please advise the enrollee to call Enrollee Services at **1-800-408-7511 (TTY/TDD 202-216-9885 or 1-800-570-1190)**.

AmeriHealth Caritas District of Columbia complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

English

If you do not speak and/or read English, please call **1-800-408-7511 (TTY 1-800-570-1190)**, available 24 hours a day, seven days a week. A representative will assist you.

Español

Si no habla y/o lee inglés, llame al **1-800-408-7511 (TTY 1-800-570-1190)**, línea disponible las 24 horas del día, los siete días de la semana. Un representante le ayudará.

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ኢንግሊዝኛን መናገር እና/ወይም ማንበብ የማይችሉ ከሆነ፣ እባክዎ በ **1-800-408-7511 (TTY 1-800-570-1190)** ይደውሉ፣ በቀን 24 ሰዓታት፣ በሳምንት ሰባት ቀናት ይገኛል። ተወካይ ይረዳዎታል።

Tiếng Việt

Nếu quý vị không nói và/hoặc đọc Tiếng Anh, vui lòng gọi **1-800-408-7511 (TTY 1-800-570-1190)**, 24 giờ một ngày, bảy ngày một tuần. Sẽ có người đại diện hỗ trợ quý vị.

繁體中文

如果您不會講或讀英文，請致電 **1-800-408-7511 (TTY 1-800-570-1190)**，此電話每天 24 小時，每週 7 天開通。您將得到一位服務代表的協助。

한국어

영어를 말하거나 읽지 못하는 경우, 365일 24시간 이용 가능한 **1-800-408-7511 (TTY 1-800-570-1190)**번으로 전화하십시오. 직원이 도와드릴 것입니다.


Français:

Si vous ne parlez, ni ne lisez anglais, veuillez appeler au numéro **1-800-408-7511 (TTY 1-800-570-1190)**, disponible 24 heures sur 24, 7 jours sur 7. Un représentant pourra vous aider.


AmeriHealth Caritas[™]
District of Columbia

www.amerihealthcaritasdc.com

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 **WE ARE DISTRICT** GOVERNMENT OF THE DISTRICT OF COLUMBIA
MURIEL BOWSER, MAYOR