

PRIMARY CARE PROVIDER CHANGE FORM

If you need to change your Primary Care Provider (PCP), please choose a PCP from the Provider Directory that was sent to you. You may select a different PCP for each family member.

After you choose your PCP, please complete the form below. Return the form to the following address:

**Absolute Total Care
1441 Main Street Ste 900
Columbia, SC 29201**

Please write your name and daytime phone number here in case we have to call you:

Member's Name Phone #	Medicaid ID #	Birth Date	PCP's Name Phone #
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

If you need help changing a PCP, our Member Services staff will be happy to assist you. Just call 1-866-433-6041 or TDD/TTY 1-866-912-3609.

Thank you for completing this form.

Absolute Total Care

