



Primary Care Provider (PCP) Change Request Form

I, _____, (Member Name) would like to change my PCP to:

Provider Name: _____

Provider Address: _____

Provider Phone Number: _____

Provider TIN: _____

Provider NPI: _____

I understand that as an Iowa Total Care member, I have the right to request a change to my assigned PCP at any time.

Date: _____

Member Name: _____

Member Phone Number: _____

Iowa Total Care Member ID: _____

Member (or legal guardian) Signature: _____

If you have any questions or need assistance with changing your PCP, please call **Iowa Total Care Member Services at the number on the back of your Iowa Total Care ID card.**

Please fax this completed form to 833-847-3026.