

Wake County PCP Change Form

Attn: Jacquie Holley
Fax: (919) 562-6416
Phone: (919)562-6415

OR

Attn: Mary Williams
Fax: (919)212-7028
Phone: (919)212-7543

Re: PCP change for CA Medicaid OR Health Choice

Date: _____

Patient name: _____

DOB: _____

Medicaid ID number/Health Choice Recipient ID: _____

Parent or Recipient Signature: _____

PLEASE CHANGE PCP FROM: _____

TO: _____