



Contra Costa Health Plan (CCHP) Change PCP Request Form

**Fax to: 925-313-6047 OR Mail to:
CCHP Member Services, 595 Center Ave Ste 100, Martinez, CA 94553**

Contra Costa Health Plan (CCHP) members can change their assigned Primary Care Provider (PCP) at any time, for any reason. Changes are usually made in a business day. The member can do this by:

- a) Going online to cchealth.org/ChangePCP. Fill out and submit the [online form](#).
- b) Calling Member Services, at 1-877-661-6230 (option 2), Monday – Friday, 8am – 5pm.
- c) Filling out this form & faxing or mailing it to CCHP Member Services.

The member must sign the form. If the member is a minor, the form should be signed by the parent or legal guardian. Answers to **all** questions below are **required**.

Member Information	
Last Name	First Name
Date of Birth (month/date/year)	CCHP Member ID Number (on CCHP ID card)
Telephone Number ()	Email Address:
Home Street Address	
City	Zip Code
Name of person making request	Relationship to member
Member signature (or parent / guardian signature if minor)	Date (month/date/year)

New Primary Care Provider (PCP) You Want	
PCP Name	Clinic
PCP Street Address	
City	Zip Code
Telephone Number ()	Requested Effective Date for PCP Change
I am changing PCPs because (check <u>all</u> that apply) <ul style="list-style-type: none"> <input type="checkbox"/> I want the same PCP for all my children. <input type="checkbox"/> I want the PCP I have seen before. <input type="checkbox"/> I want a PCP closer to home or other location <input type="checkbox"/> I want to a PCP to meet certain needs or preferences I have (e.g., language, ethnicity, gender) <input type="checkbox"/> I am not happy about the service or treatment I received from my currently assigned PCP <input type="checkbox"/> I am having trouble getting an appointment from my currently assigned PCP. <input type="checkbox"/> I want to choose my own PCP for other reasons 	