



**Highmark Blue Cross Blue Shield of Western New York (Highmark BCBSWNY)  
Change Your Primary Care Provider (PCP) Fax Form**

Please complete this form and ask your new provider to fax it to 866-840-4993. It may take up to 72 hours for Highmark BCBSWNY to update your record. You'll get an updated member ID card in the mail in about 45 days. **You may also call Member Services at 866-231-0847 (TTY 711).**

**Member information**

Full name	
Date of birth	
Responsible party's name (if 18 or younger)	
ID card number	
State of residence	
Medicaid ID card number	
Phone number	
Phone type (home, mobile, work)	

**New PCP information**

Name	
Telephone number	
Fax number	
Provider ID number	
Provider address	

**Give Highmark BCBSWNY permission to change your PCP by checking the box and signing below:**

Please change my PCP/my child's PCP to the provider named above.

Member/responsible party signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Reason for change:**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Wrong name listed      | <input type="checkbox"/> I moved/My PCP moved or is too far away  | <input type="checkbox"/> My PCP no longer accepts my plan |
| <input type="checkbox"/> Not satisfied with PCP | <input type="checkbox"/> I couldn't get my appointment(s) in time | <input type="checkbox"/> Other (please explain below)     |

---



---

Enclosures: Get help in another language  
Nondiscrimination notice

**[bcbswny.com/stateplans](http://bcbswny.com/stateplans)**

Highmark Blue Cross Blue Shield of Western New York is a trade name of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.