



**Peach State
Health Plan**

3200 Highlands Parkway
Suite 300
Phone: 1-800-704-1484
Fax: 1-800-659-7518

REQUEST TO CHANGE PCP

Member ID Number: _____

Member Date of Birth: _____

Member Address: _____

Member Telephone: _____

PCP Selected: _____

Effective Date of change: _____

Reason for change: _____

Member or Responsible Party Signature _____ Date _____