



FIDELIS CARE™

Request Primary Care Physician Change

From: _____
Sender's Name (Printed) Practice Tax ID

Practice Name (Printed) Practice Fax# (Required)

Fax To: Fidelis Care New York
Member Services Department
Rego Park, New York

Fax#: 718-393-6635

Date: _____

Patient: _____

Fidelis ID#: _____

Medicaid #: _____

I wish to change my Primary Care Physician from:

Dr. _____ to
(Please Print)

Dr. _____ Tax ID _____
(Please Print)

Please provide desired effective date of PCP change: _____

(Patient Signature)

(Date)

• In order for this form to be processed all fields above must be completed.

• Always verify the member's PCP assignment using the patient search or the PCP roster on Fidelis Care's Provider Access Online at <https://providers.fideliscare.org/Login?returnurl=%2f>, or by calling the 1-888-FIDELIS IVR system.