



WA State Primary Care Provider (PCP) Selection/Change Form Medicaid and Marketplace

Please complete this form if the PCP on your Molina Healthcare ID card is incorrect.

Please note: we will be unable to process your request unless all fields are completed for each member submitted. If any fields are left blank, the change will be denied. If you choose to fax this form, please attach a cover sheet.

New Provider Information (please print)

Clinic Name PCP Name PCP Address City State ZIP

Member Information (please print)

Member's Full Name Phone DOB Molina Healthcare ID # (12 digits) Member's Full Name Phone DOB Molina Healthcare ID # (12 digits) Member's Full Name Phone DOB Molina Healthcare ID # (12 digits) Member's Full Name Phone DOB Molina Healthcare ID # (12 digits)

Have any of the members listed above seen this provider within 12 months? YES NO

Member or Parent/Guardian Full Name Member or Parent/Guardian Signature Today's Date

For Provider Use Only: This PCP change will be effective the first day of the following month. The member(s) will receive their new ID card(s) within 7-10 business days once the form has been processed. If you need this change right away, please have the member(s) contact Molina's Member Services before the 15th of the month at (800) 869-7165 (TTY: 711). Mail completed form to: PO Box 4004, Bothell, WA 98041-4004, or Fax completed form with cover sheet to: (800) 816-3778.

Molina Healthcare of Washington (Molina) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. You have the right to get this information in a different format, such as audio, Braille, or large font due to special needs or in your language at no additional cost. English ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-869-7165 (TTY: 711). Spanish ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-869-7165 (TTY: 711). Chinese 注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 1-800-869-7165 (TTY: 711).