



Primary Care Provider (PCP) Change Request Form

Instructions: Complete this form to change your Primary Care Provider (PCP). If you have any questions, please call Member Services at 1-800-881-2166 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m.

Please print or you can complete the form online and print it out. Once you complete the form, you can mail it to:

Sentara Health Plans – Member Services
PO Box 66189
Virginia Beach, VA 23466

Member Information	
Member ID Number	
First Name	
Last Name	
Date of Birth	
Street Address	
City	
State	
ZIP Code	
Telephone	
Primary Care Provider (PCP) Information	
PCP Name Currently Listed on Member Card	
Name of New PCP Requested	
Member Name and Signature	
Printed Name of Member or Guardian	
Signature of Member or Guardian	
Relationship to Member	
Date of Request	