



**EMPIRE HEALTHCARE**  
INDEPENDENT PHYSICIANS ASSOCIATION

**PCP Change Request Form**

**Member Information**

**New PCP Information**

**Member Name:** \_\_\_\_\_  
*Nombre*

**PCP Name:** \_\_\_\_\_  
*Nombre de nuevo médico*

**Date of Birth:** \_\_\_\_\_  
*Fecha de nacimiento*

**Effective Date:** \_\_\_\_\_

**NPI:** \_\_\_\_\_

**Member ID:** \_\_\_\_\_  
*Identificación de miembro*

**PCP Enrollment ID:** \_\_\_\_\_

**Medical Group:**  
**Empire Healthcare IPA**

**Signature**  
*Firma*  
\_\_\_\_\_

**New PCP Address:**  
\_\_\_\_\_  
\_\_\_\_\_

**What Health Plan Do You Belong To? (Circle)**  
*¿En qué plan estás?*

**Aetna   Alignment   Brand New Day   Central Health Plan   HealthNet**

## Which Plan Does the Member Belong to?

You may return the form to Empire for mailing.

email: [Quality@EmpireIPA.com](mailto:Quality@EmpireIPA.com)

fax: 909-494-7570

### **Aetna Member Services (All LOBs)**

PO BOX 14835 Lexington, KY 40512

Phone: 1-800-282-5366

**Fax: 859-455-8650**

### **Alignment Member Services (Medicare)**

PO BOX 14010, Orange, CA 92683

Phone: 1-866-634-2247

### **Brand New Day Member Services (Medicare)**

PO BOX 93122, Long Beach, CA 90809

Phone: 1-866-255-4795

**Fax: 1-657-400-1208**

### **Central Health Medicare Plan Member Services (Medicare)**

PO Box 14244, Orange, CA 92863

email: [memberservices@centralhealthplan.com](mailto:memberservices@centralhealthplan.com)

Phone: 1-866-314-2427

### **Health Net Medicare Advantage for California (Medicare)**

PO Box 10420

Van Nuys, CA 91410