



**Please Update my Record to Add my Primary Care Physician
(PCP)**

And Send me a New ID Card Reflecting this Designation

(This is a voluntary update to my record – PCPs are NOT a requirement of enrollment)

Member Name: _____ **Member ID:** _____
Please Print Full Name Current # on ID card

Address: _____
Street Address Contact Phone Number

City, State, Zip Code Email Address (optional)

My Mercy MedicareADVANTAGE PCP is:

Physician Full Name: _____

Street Address: _____

City/State/Zip Code: _____

Phone Number: _____

Member Signature

Today's Date

Various Options for Getting this Information to Mercy Health Plans (MHP):

You or your doctor may FAX this PCP designation form to MHP: 314-214-8530

Or you may call MHP's Customer Contact Center:

314-214-8040 or toll free at 800-280-1602

TTY/TDD users should call 314-214-8094 or 800-468-4418

Representatives are available Monday-Friday 8:00 a.m. to 5:00 p.m. Central Time

Or you or your doctor may mail this PCP designation form to:

Medicare Enrollment - Mercy Health Plans - 14528 South Outer Forty Rd., #300 - Chesterfield, MO 63017

Note: Updates will be made to your member record on the 1st of the month following notification date.

You may request an exception to the effective date but it may not be earlier than the date the PCP designation is requested (no retroactive effective dates).

I am requesting an exception. Please make my PCP designation effective: _____ (date is before the 1st of the following month but not earlier than this request). Member Initials: _____