10101 David Taylor Dr.
Suite 300
Charlotte, NC 28262
1-833-552-3876 (TTY 711)
carolinacompletehealth.com

Member Reassignment Worksheet

Date of Request:	
Provider/Group Name:	
Provider/Group NPI:	
Service Location Address:	
Name of Staff making the request (First and Last):	
Office Phone Number:	

Member Name	Medicaid ID	Date of Birth	Member Phone Number
Reason for Requested Reassignment			
Member Name	**Medicaid ID**	**Date of Birth**	**Member Phone Number**
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Reason for Requested Reassignment			

PCP Requests for Member Reassignment are submitted to Member Services by phone at 1-833-552-3876, by email at NCCH_Provider@carolinacompletehealth.com, or by fax at 1-833-537-2330.

carolina complete health

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