



Primary Care Clinician (PCC) Plan Member Outreach Form

The MassHealth Customer Service Center provides help to PCCs who may have difficulty contacting a new or existing Member. To request Member outreach services, please call 1-800-841-2900 or fill out this form and fax it to (617) 988-8904. MassHealth Customer Service Center staff will reach out to the Member and then contact the PCC.

Section I. Primary Care Clinician Information

Name of contact at PCC office

Telephone no. of
contact

PCC name

PCC provider number

Date of EVScheck

Section II. Member Information

Name

*If a family, attach sheet w/additional names and
MassHealth IDs.*

MassHealth ID

Address

Telephone no.

Section III. Reason for outreach

Please return this form to

MassHealth Customer Service
Center PO BOX 45
Boston, MA 02112-0045
or
Fax it to (617) 988-8904

For MassHealth Use Only

Inquiry Number
