

Toll Free Numbers

Customer Service Phone: 1-866-836 6792
TTY System: 1-800-360-5899
Administrative Fax: 1-866-461-0195
Customer Service Email: PPLGADDW-cs@pcgus.com
Paperwork Email only: PPLGADDD@pcgus.com

Interest Form – New Participants

Representative Name (If applicable):	
Representative Address	
Will the representative act as the Employer of Record (EOR) for the Participant? (Please leave blank if you are not sure)	(Write Yes or No in box)
If the representative WILL act as the Employer of Record (EOR) for the Participant, please enter the Social Security Number of the representative:	
Phone Number of the Representative:	
Representative Email address	
Waiver Participant's Name:	
Waiver Type? COMP or NOW	
Waiver Participant's Date of Birth:	
Waiver Participant's Social Security Number:	
Waiver Participant's Medicaid ID Number:	
Waiver Participant's Address:	
Waiver Participant's PHONE Number:	
Waiver Participant County:	
Waiver Participant Region: (1-6)	
Name of Waiver Participant's Support Coordinator:	
Name of Agency Support Coordinator Works for? (If Known)	
Support Coordinator's Phone Number:	
Support Coordinator's Email Address:	