## Request for PCP/PPG Change Form



## Please read Disclaimer:

Any prior authorizations submitted to or approved by the existing PCP/PPG will no longer be valid with the new PCP/PPG.
If a member becomes hospitalized prior to the effective date of change, the member will be changed back to existing PCP/PPG until the episode of care is complete.
If the mother of a newborn request a PCP/PPG change prior to her first post-partum visit, (which usually occurs within 40 days of delivery), the change cannot be processed. (Only exception is if the requested PCP is in the same PPG).

Member's Signature: $\qquad$
Member's Address: $\qquad$
Member's Phone \#: $\qquad$
Name of Staff Member Completing Transfer: $\qquad$
Staff Member's Phone \#: $\qquad$ Ext. \#: $\qquad$ Fax \#: $\qquad$
Additional Information: $\qquad$ (Please check Øone)

Today's Date: $\qquad$ 11 $\qquad$ $\square$ Fax $\quad \square$ E-mail

Effective Date: $\qquad$ 1 $\qquad$ OFFICE USE:
Date change entered: $\qquad$ Rep's Name:

