

Request for PCP/PPG Change Form

	🗌 Health Net 🗌	🗌 Molina 🗌 BND				
New PCP Name:						
Location:						
License/ Clinic#:						
PPG Name:						
Reason For request:						
Memb	oer's Name	Date of Birth	CIN	CIN#		
1						
2						
3						
Please check Yes or No:				Yes	No	
Is the member currently hospitalized?						
Is the member in her 3rd trimester of pregnancy?						
Did the member receive any services with the assigned PCP/PPG?						
Is the member currently receiving treatment?						
Is the member scheduled to receive future treatment (surgery, specialist care, etc.)?						
Has the member recently delivered a baby within the past 60 days?						
Does the member have an infant less than 60 days old who is currently in the hospital?						
Did the member receive any services in the emergency room?						
If a member becomes hospitalized p is complete. If the mother of a newborn request	to or approved by the existing PCP/PP prior to the effective date of change, the a PCP/PPG change prior to her first po n is if the requested PCP is in the same	member will be changed bac st-partum visit, (which usual	k to existing PCP/PPG until t	•		
Member's Address:						
Member's Phone #:						
Name of Staff Member Comp	leting Transfer:					
Staff Member's Phone #:	Ext. #:	Fax #:				
Additional Information: (Please check Øone)						
Today's Date: // OFFICE USE: /_/						
Date change entered:/		Rep's Name:			_	
Fax request to: Health Net Medi-Cal Member Services (844) 837-5947 Email request to SHPPROVIDERREQUEST@healthnet.com						