



PCP/PPG Change Request Form

Community Health Plan of Imperial Valley (CHPIV)

New PCP Name:			
Location:			
License/ Clinic#:			
PPG Name:			
Reason For request:			
	Member's Name	Date of Birth	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?			
<p>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).</p>			
Member's Signature: _____			
Member's Address: _____			
Member's Phone #: _____			
Name of Staff Member Completing Transfer: _____			
Staff Member's Phone #: _____ Ext. #: _____ Fax #: _____			
Additional Information: _____ (Please check <input checked="" type="checkbox"/> one)			
Today's Date: ____ / ____ / ____ <input type="checkbox"/> Fax <input type="checkbox"/> E-mail Effective Date: ____ / ____ / ____			
OFFICE USE: Date change entered: ____ / ____ / ____ Rep's Name: _____			

Fax request to: CHPIV
Member Services
(844) 837-5947
Email request to
SHPPROVIDERREQUEST@healthnet.com