

## PCP reassignment of members within a tax ID entity

Completion of this form confirms that the member was seen by the new PCP.

Email this spreadsheet to [resource11918@priorityhealth.com](mailto:resource11918@priorityhealth.com) no more than monthly and no less than quarterly

Allow 14 business days for completion of changes.

No PCP changes will be made effective in November and December. Requests received after 10/31 will be effective Jan 1.

**No handwritten forms will be accepted.**



<b>Practice name:</b>	
<b>Practice contact name:</b>	
<b>Practice phone:</b>	
<b>Tax ID</b>	

[illegible]

New PCP last name	New PCP practice name	New PCP practice address	NPI of new PCP