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 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.

Practice name:	
Practice contact name:	
Practice phone:	
Tax ID	

Date of	Member	Member	Member	Contract		Current PCP first	Current PCP last	New PCP first
request	last name	first name	date of birth	number	Product	name	name	name



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

8480 Feb-16