Primary care provider change form

This change becomes effective the first of the month following the date we get your request. For urgent requests, the fastest way to change your PCP is online or by phone.

Priority Health

Fax completed forms to

Medicaid, MIChild and Healthy Michigan Plan 616.975.8833	Individual 248.324.2973	Employer or commercial plans 616.942.5242
	Medicare 616.942.7204	Medicare HIDE/D-SNP 616.942.0995

Member information

Member legal last name	Legal first name	Middle initial	Date of birth
Membership number (found on your member ID card)	Group number (found on your member ID card)		Social Security Number — —
New Priority Health PCP/Dr./PH Provider ID	PCP address		Are you a current patient of the PCP? ☐ Yes ☐ No

Member #2 information

Member legal last name	Legal first name	Middle initial	Date of birth
Membership number (found on your member ID card)	Group number (found on your member ID card)		Social Security Number — —
New Priority Health PCP/Dr./PH Provider ID	PCP address		Are you a current patient of the PCP? ☐ Yes ☐ No

Member #3 information

Member legal last name	Legal first name	Middle initial	Date of birth
Membership number (found on your member ID card)	Group number (found on your member ID card)		Social Security Number — —
New Priority Health PCP/Dr./PH Provider ID	PCP address		Are you a current patient of the PCP? ☐ Yes ☐ No

Reason for change:

- ☐ I've moved
- ☐ PCP moved
- ☐ PCP left practice
- ☐ Office location is hard to get to
- ☐ PCP no longer with Priority Health
- ☐ Did not want PCP I was assigned
- ☐ Personal preference
- ☐ Communication problems with PCP/office staff
- ☐ Hard time getting appointments
- ☐ Wait time in the office too long
- ☐ Not satisfied with the office staff
- ☐ PCP/office staff rude or annoying
- ☐ Poor quality of medical care

Authorization for primary care provider change

I authorize Priority Health to make the changes indicated above for me (and my dependents). I understand that I must sign and date this form before it will be processed. Priority Health requires proper handling of personal health information for our members. Details of our confidentiality policies and procedures are available upon request.

☐ Self ☐ Parent of a minor child ☐ Power of attorney ☐ Legal guardian

Signature	Date

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