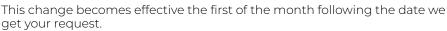
## Primary care provider change form





## Fax completed forms to

Medicaid, MIChild and Healthy Michigan Plan	Individual	Medicare	Employer or commercial plans
616.975.8833	248.324.2973	616.942.7204	616.942.5242

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?
PH provider ID can be found on <i>priorityhealth.com/findadoc</i>			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?		
PH provider ID can be found on <i>priorityhealth.com/findadoc</i>			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?
PH provider ID can be found on <i>priorityhealth.com/findadoc</i>			Yes No

## Reason for change:

I've movedDid not want PCP I was assignedWait time in the office too longPCP movedPersonal preferenceNot satisfied with the office staffPCP left practiceCommunication problems with<br/>PCP/office staff rude or annoyingOffice location is hard to get toPCP/office staffPoor quality of medical carePCP no longer with Priority HealthHard time getting appointments

## 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

Priority Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

The term "Priority Health" refers to three corporations: Priority Health, Priority Health Managed Benefits, Inc. and Priority Health Insurance Company. Priority Health is a registered trademark and is used by permission of the owner. Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. NCMS\_4000\_4035\_CCG 04202015 N2003-12 Approved MCH04022015.