

# Primary care provider change form



This change becomes effective the first of the month following the date we get your request.

## Fax completed forms to

<b>Medicaid, MICHild and Healthy Michigan Plan</b> 616.975.8833	<b>Individual</b> 248.324.2973	<b>Medicare</b> 616.942.7204	<b>Employer or commercial plans</b> 616.942.5242
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## 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 <small>PH provider ID can be found on <a href="http://priorityhealth.com/findadoc">priorityhealth.com/findadoc</a></small>	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 <small>PH provider ID can be found on <a href="http://priorityhealth.com/findadoc">priorityhealth.com/findadoc</a></small>	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 <small>PH provider ID can be found on <a href="http://priorityhealth.com/findadoc">priorityhealth.com/findadoc</a></small>	PCP address	Are you a current patient of the PCP? Yes No	

## Reason for change:

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

## 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).

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