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

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 last name	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	PCP address		Are you a current patient of the PCP? Yes No

Member #2 information

Member last name	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	PCP address		Are you a current patient of the PCP? Yes No

Member #3 information

Member last name	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	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

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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