



Primary Care Physician (PCP) and OB/GYN Change Form / PCP Patient Re-assignment Request

Section 1: Change PCP		
Member Name:		
Member ID:		
Current PCP Name:		
NEW PCP:	Name:	
	Provider ID:	
	Effective Date:	
Member Signature:		

Section 2: Change OB/GYN		
Member Name:		
Member ID:		
Current PCP Name:		
NEW OB/GYN:	Name:	
	Provider ID:	
	Effective Date:	
Member Signature:		

Section 3: PCP Patient Re-Assignment Request	
Member Name:	
Member ID:	
Current PCP Name:	
Current PCP Provider ID:	
Date:	

By completing Section 3, the PCP is requesting that Preferred Care contact the member shown above to begin the process of selecting a new PCP. By law, you must provide medical care for 30 days after notifying Preferred Care that this patient should be removed from your roster. Please be aware that you will remain the patient's PCP until Preferred Care completes the process of contacting the member and successfully assigning a new PCP.

Fax Completed Form To: (585) 327-2227