



# PRIMARY CARE PROVIDER CHANGE FORM

6704 Curtis Ct.  
Glen Burnie, MD 21060  
FAX: 410-762-5218

**Instructions:** Complete this form and submit by mail fax.  
You will receive confirmation once processed.  
**All information is required**

ATTENTION: ENROLLMENT DEPARTMENT

Patient Information:	
*Name of Patient:	
*Member #	Date of Birth:
* Recipient #:	
Signature of Patient/ Parent/Guardian:	

Provider Information:
Provider's Site/Name:
*JHC Provider Identification #:
Please change PCP effective (date):  Patient is being seen today.
Completed By:
Phone #:
Date: