



7231 Parkway Drive, Suite 100  
Hanover, MD 21076

# Primary Care Provider Change Form (Priority Partners)

FOR PROVIDER USE ONLY

Complete this form and fax to the Enrollment Department at 410-762-5218 or return by mail.

\* Required information

**\*Date:**

Member Information:					
<b>*First Name:</b>		<b>*Last Name:</b>		<b>*Birthdate:</b>	
<b>Member Address:</b>			<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>*Member ID #:</b>			<b>*Medicaid Recipient #:</b>		
<b>Member (Patient) or Parent or Guardian Signature:</b>					

New Provider Information:	
<b>Primary Care Provider:</b>	<b>*Individual NPI #:</b>
<b>Provider Fax #:</b>	<b>Patient is being seen today:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>PCP Site Staff Member Name:</b>	<b>Tax ID #:</b>
<b>Staff Member Phone #:</b>	<b>Service Location/Address:</b>
<b>Provider Change Effective Date:</b>	

**NOTE:** Priority Partners members cannot be assigned to a primary care group/site. If a request is received to move a member to a PCP group/site, the member will be assigned to an individual primary care provider with an open panel in the same group. Priority Partners members can see any primary care provider in the same group as the assigned PCP on the member ID card.