JOHNS HOPKINS
MEDICINE
JOHNS HOPKINS
HEALTHCARE

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:			
***First Name**:	***Last Name**:		***Birthdate:**
Member address:	**City**:	**State**:	**Zip**:
***Member ID#**:	***Medicaid Recipient #:**		
Member (Patient) or Parent or Guardian Signature:			

New Provider Information:	
Primary Care Provider/Site Name:	***NPI #:**
Provider ID Number:	**Patient is being seen today:** ☐Yes ☐No
PCP Site Staff Member Name:	
Staff Member Phone#:	
Provider Change Effective Date:	