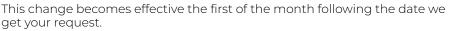
Primary care provider change form





Fax	com	pleted	forms	to

Medicaid, MIChild and Healthy Michigan Plan 616.975.8833		Individual 248.324.2973	Medicare 616.942.7204	Employer or commercial plans 616.942.5242
Member information				
Member last name	First	name	Middle initial	Date of birth
Membership number (found on your member ID card)	Grou	o number (found on y	Social Security Number	
New Priority Health PCP	PCP address		Are you a current patient of the PCP? Yes No	
Member #2 information				
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:				res no
I've moved	Did no	id not want PCP I was assigned Wai		/ait time in the office too long
PCP moved			ot satisfied with the office staff	
				CP/office staff rude or annoying
				or quality of medical care
PCP no longer with Priority Health Hard		time getting appointments		
Authorization for primary care provider chang	ge			

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).

The term "Priority Health" refers to three corporations: Priority Health, Priority Health Managed Benefits, Inc. and Priority Health Insurance Company. Priority Health is a registered trademark and is used by permission of the owner. Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. NCMS_4000_4035_CCG 04202015 N2003-12 Approved MCH04022015. ©2023 Priority Health 11100P 11/23