Request to Change Primary Care Provider

☐ **Medicaid** (Healthy MI and CSHS) ☐ **Molina Dual Options** (MI Health Link) ☐ Marketplace ☐ Medicare (D-SNP)

Member's Name: ______________________________ Member's Molina ID #: ____________________

Please print FIRST and LAST name Date of Birth: ____________________

Additional Family Molina Members

Member's Name: ______________________________ Member's Molina ID #: ____________________

Please print FIRST and LAST name

Member's Name: ______________________________ Member's Molina ID #: ____________________

Please print FIRST and LAST name

Member's Address: ____
(Please print)

City: ______________________________ State: __________ ZIP: __________

Member's Phone: (_____)__________________ Cell or Alt. #: (_______)__________________

My Molina ID card currently has my Primary Care Provider listed as: ______________________________

Please print provider's name

I would like to change my Primary Care Provider to: ______________________________

Please print NEW provider's name

NEW Provider's Address: ____
(Please print)

City: ______________________________ State: __________ ZIP: __________

NEW Provider's Phone: (________)______________________________

______________________________ ______________________________

Signature of Member or Delegated Guardian *Relationship*

______________________________ ______________________________

Print FIRST and Last Name *Date*

Fax completed form to: (810) 275-9264
Email to:
MHMPROVIDERPCP.CHANGEREQUEST@Molinahealthcare.com
To make an immediate change while with your patient, please call toll-free at (855) 322-4077

Mail to: Molina Healthcare of Michigan, Inc.
Provider Services
1321 S. Linden Road
Flint, MI 48532