Primary care provider change form

This change becomes effective the first of the month following the date we get your request.

Fax completed forms to

Medicaid, MIChild and Healthy Michigan Plan	MyPriority	Medicare	All other plans
616.975.8833	248.324.2973	616.942.7204	616.942.5242

Member information

Member last name	First name	Middle initial	Date of birth
Membership number (found on your membership card)	Group number (found on your membership card)		Social Security Number – –
New Priority Health PCP	PCP address		Are you a current patient of the PCP? ☐ Yes ☐ No

Member #2 information

Member last name	First name	Middle initial	Date of birth
Membership number (found on your membership card)	Group number (found on your membership 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 membership card)	Group number (found on your membership card)		Social Security Number – –
New Priority Health PCP	PCP address		Are you a current patient of the PCP? ☐ Yes ☐ No

Reason for change:

- ☐ I've moved
- ☐ PCP moved
- ☐ PCP left practice
- ☐ Office location is hard to get to
- ☐ PCP no longer with Priority Health
- ☐ Did not want PCP I was assigned
- ☐ Personal preference
- ☐ Communication problems with PCP/office staff
- ☐ Hard time getting appointments
- ☐ Wait time in the office too long
- ☐ Not satisfied with the office staff
- ☐ PCP/office staff rude or annoying
- ☐ Poor quality of medical care

Authorization for primary care provider change

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

For Priority Health Use Only	Date received	Processor	Code	Date processed
	Effective date			

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