

Member PCP Change Request Form

Please Fax to: 713.338.6550

MEMBER INFORMATION		
First Name	Last Name	Middle Initial
Mailing Address		Phone #
City	State	Zip
Date of Birth	Member ID #	
PCP Name		PCP ID # (Optional)
PCP Address		PCP Phone #
PCP City	PCP State	PCP Zip
Reason for PCP Change	<input type="checkbox"/> Already Patient with PCP	<input type="checkbox"/> Network Access
<input type="checkbox"/> Other:	<input type="checkbox"/> Provider Left Network	<input type="checkbox"/> Quality of Care Concerns

Member agrees and willingly selects new PCP.

Print name of Member or Responsible Party: _____

Signature of Member or Responsible Party: _____ Date: _____

Provider Staff Assisting Member: _____ Provider Staff Phone: _____

Memorial Hermann *Advantage* HMO is provided by Memorial Hermann Health Plan, Inc., a Medicare Advantage organization with a Medicare contract. Enrollment in this plan depends on contract renewal.

Memorial Hermann *Advantage* 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 lingüística. Llame al 855.645.8448 (TTY 711).