Request for PCP/PPG Change Form

☐ **Health Net** ☐ **Molina** ☐ **BND**

New PCP Name:	
Location:	
License/ Clinic#:	
PPG Name:	
Reason For request:	

	Member's Name	Date of Birth	CIN#
1			
2			
3			

Please check Yes or No:	Yes	No
Is the member currently hospitalized?		
Is the member in her 3rd trimester of pregnancy?		
Did the member receive any services with the assigned PCP/PPG?		
Is the member currently receiving treatment?		
Is the member scheduled to receive future treatment (surgery, specialist care, etc.)?		
Has the member recently delivered a baby within the past 60 days?		
Does the member have an infant less than 60 days old who is currently in the hospital?		
Did the member receive any services in the emergency room?		

Please read Disclaimer:
Any prior authorizations submitted to or approved by the existing PCP/PPG will no longer be valid with the new PCP/PPG.
If a member becomes hospitalized prior to the effective date of change, the member will be changed back to existing PCP/PPG until the episode of care is complete.
If the mother of a newborn request a PCP/PPG change prior to her first post-partum visit, (which usually occurs within 40 days of delivery), the change cannot be processed. (Only exception is if the requested PCP is in the same PPG).

Member's Signature: _____

Member's Address: _____

Member's Phone #: _____

Name of Staff Member Completing Transfer: _____

Staff Member's Phone #: _____ Ext. #:_____ Fax #: _____

Additional Information: _____

(Please check ☑one)

Today's Date: _____/____/____ ☐ **Fax** ☐ **E-mail** Effective Date: _____/____/_____

OFFICE USE:

Date change entered: _____/_____/_____ **Rep's Name:** _____

Fax request to: Health Net
Medi-Cal Member Services
(844) 837-5947
Email request to
SHPPROVIDERREQUEST@healthnet.com