Request for Primary Care Physician (PCP)

Please Print Clearly in all fields

Physician Name:						
Service Address:						
Physician NPI #:						
Tax ID #:						
Reason for Request:						
	Member Name(s)	Date of Birth	AHCCCS #	<mark>S #</mark>		
1						
2						
3						
8 1					O	
Is the member currently hospitalized?						
Is the member in her third trimester of pregnancy?						
Did the member receive any services with the assigned PCP/medical group?						
Is the member currently receiving treatment?						
Is the member scheduled to receive future treatment (surgery, specialist care, etc.)?						
Has the member 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?						
Disclaimer: Any prior authorizations submitted to or approved by the existing PCP/medical group will no longer be valid with the new PCP/medical group. If a member becomes hospitalized prior to the effective date of change, the member will be changed back to existing PCP/medical group until the episode of care is complete. If the mother of a newborn requests a PCP/medical group change prior to her first postpartum visit (which usually occurs within 40 days of delivery), the change cannot be processed. (The only exception to this is if the requested PCP is in the same medical group). If the member's address is incorrect, the PCP change cannot be processed. Please have the member contact HEA Plus (855-432-7587) to update their address.						
Member/Guardian Name (print): Signature:						
Member address:						
Member telephone #:						
Name of staff completing transfer:						
Staff member's telephone #:Ext. #:Fax #:						
Today's Date:/						
Date change entered:// Rep's Name: Reference #						

Please fax to:
AZ Complete Health-Complete Care Plan
866-528-9921

(Incomplete forms will be returned & not be processed)