Neighborhood Health Plan of Rhode Island

Attention: Neighborhood Customer Service
299 Promenade Street
Providence, RI 02908
Phone: 1-401-459-6020 or 1-800-459-6019
Fax: 1-401-709-7093

Member Site Change Request Form

Please Note: This form authorizes Neighborhood Health Plan of Rhode Island (Neighborhood) to process PCP Site Changes at a Neighborhood member's request. If the member prefers to speak with a Customer Service Specialist, please have them contact Neighborhood Customer Service at 1-800-459-6019.

Providers have five (5) business days from the date of service to fax this request to Neighborhood; otherwise site changes will be effective on the date the information was faxed. This form must be signed by the member or member's parent/head of household in order to be processed.

Date: _____ **Number of pages (including this cover sheet):** _____

Provider Group Name: _____ **Site Liaison/Contact Name:** _____

Phone Number: _____ **Fax Number:** _____

When applicable, the information below must be completed by the member's parent or head of household.

Member Name/Head of Household Name: _____ **Member ID #:** _____
Nombre del Pariente o Guardian — Numero de Inditificacion

Address: _____ **State:** _____ **Zip Code:** _____
Direccion — Estado — Codigo Postal

Phone Number: _____ **Best time to reach:** _____
Telefono — Mejor tiempo apropiado para llamar

Member Name/Head of Household Signature: _____ **Date:** _____
Firma del Pariente o Guardian — Fecha de hoy

Important:
Please be sure to specify the Member's Primary Care Practitioner within the Provider Group if he/she has selected one; otherwise Neighborhood Customer Service will select a PCP within the group on behalf of the member

Neighborhood Member ID # Numero de Inditificacion	Member Name Nombre del Miembro	Date of Birth Fecha de Nacimiento	New Practitioner and Provider Group Name Nombre del Provedor Nuevo	Neighborhood Practitioner ID # Numero del Proveedor	Today's Date Fecha de hoy

For Neighborhood Use Only:

Customer Service Specialist: _____ **Date:** _____

Enrollment Coordinator: _____ **Site Change Processed:** _____

Comments: _____