

## 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 Member Services Specialist, please have them contact Neighborhood Member 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.**

<b>Member Name/Head of</b> Nombre del Pariente o Guardian	<b>Household Name:</b>	<b>Member ID #:</b> Numero de Inditificacion
<b>Address:</b> Direccion	<b>State:</b> Estado	<b>Zip Code:</b> Codigo Postal
<b>Phone Number:</b> Telefono	<b>Best time to reach:</b> Mejor tiempo apropiado para llamar	
<b>Member Name/Head of</b> Firma del Pariente o Guardian	<b>Household Signature:</b>	<b>Date:</b> 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 Proveedor Nuevo	Neighborhood Practitioner ID # Numero del Proveedor	Today's Date Fecha de hoy

**For Neighborhood  
Use Only:**

Member Services

Date: