

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 800-963-1001.

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: <small>NombredelParienteoGuardian</small>	Member ID #: <small>Numero de Inditificacion</small>
Address: <small>Direccion</small>	State: <small>Estado</small>
	Zip Code: <small>Codigo Postal</small>
Phone Number: <small>Telefono</small>	Best time to reach: <small>Mejor tiempo apropiado para llamar</small>
Member Name/Head of Household Signature: <small>Firma delParienteo Guardian</small>	Date: <small>Fecha de hoy</small>

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 # <small>Numero de Inditificacion</small>	Member Name <small>Nombre del Miembro</small>	Date of Birth <small>Fecha de Nacimiento</small>	New Practitioner and Provider Group Name <small>Nombre del Proveedor Nuevo</small>	Practitioner NPI # <small>Numero del Proveedor</small>	Today's Date <small>Fecha de hoy</small>

For Neighborhood	Use Only:
Member Services	Date: _____