

## **PCP Change Form**

All Neighborhood Health Plan of Rhode Island (Neighborhood) members are assigned a primary care provider (PCP) displayed on the member's Neighborhood identification card. A member may change the PCP assigned to them at any time by calling Neighborhood Member Services at the number listed on their ID card.

The provider's office can also request a PCP change on behalf of the Neighborhood member by completing this form and returning it to Neighborhood Member Services via fax number (401) 709-7093.

- The PCP Change Form must be received by Neighborhood within five (5) business days from the date of service listed below for services to be considered for payment (the date of service will be the effective date). Forms received after five (5) business days will be effective on the date the information was faxed.
- PCP changes for newborns will be accepted up to thirty (30) days from date of birth (DOB).

In order to ensure timely and accurate processing of the PCP change, please complete all fields on this form. Providers will not receive confirmation from Neighborhood that the form was received or processed. All changes can be verified on NaviNet after five (5) business days.

PROVIDER INFORMA	TION				
Medical Group Name					
Group Contact Name					
Group Contact Phone		Group Contact Fax			
1. Member Name		Member DOB	Neighborhood Member ID #		
New Provider & Group Name		Provider NPI	Date of Ser	ate of Service	
		1			
2. Member Name		Member DOB	Neighborho	shborhood Member ID #	
New Provider & Group Name		Provider NPI	Date of Sen	of Service	
3. Member Name		Member DOB	Neighborho	leighborhood Member ID #	
New Provider & Group Name		Provider NPI	Date of Sen	ate of Service	
By signing below I hereby attest that the information on this form requested by the member/authorized					
representative is true, accurate and complete to the best of my knowledge*.					
*Authorized Signature			Date		

Fax this form to Neighborhood Member Services at 401-709-7093