ALTERWOOD ADVANTAGE
Quality Care. Better Health.

PRIMARY CARE PHYSICIAN (PCP) CHANGE REQUEST FORM

If you are a member of Alterwood Advantage and wish to change the PCP we have one file for you, please complete this form and fax it to Alterwood Advantage at 410-801-5866.

PART I: MEMBER INFORMATION		
Member's Name:		Date of Birth
Member's Address:		
City:	State:	Zip Code:
Alterwood Advantage Member ID:	Member Phone Number:	

PART II: PCP INFORMATION		
PCP Group/Practice Name:		TIN/NPI:
PCP Name:		
PCP Address:		
City:	State:	Zip Code:
Provider Phone Number:	Provider Fax Number:	
Form Completed By:		Date of Change:

PART III: REASON FOR THE CHANGE REQUEST

☐ Already patient with requested PCP	☐ Language/communication barriers
☐ Requested PCP already sees family member	☐ Wait time in provider office
☐ Member Preference	☐ Availability to get appointment
☐ PCP Hours didn't fit member need	☐ Access to care
☐ Quality of Care	☐ Established relationship w/ another
☐ Provider Location	☐ Other
☐ Association with hospital or medical group	

PART IV: SIGNATURE	
Member Signature:	Date: