

REQUEST FOR PCP CHANGE

This form is to be used when an InterCommunity Health Network member requests a change in PCP. Follow the process directions below:

- Member will complete the form*
- Submit to InterCommunity Health Network
- Customer Service Department will process the request within one business day.

MEMBER INFORMATION:	
Member Name:	Date of Birth:
Member ID:	Member Phone #:
Member Address:	
PRIMARY CARE PHYSICIAN INFORMATION:	
Physician Name:	
Office Address:	Phone #:
MEMBER SIGNATURE:	
I understand that if I have been seen by another PCP, ER or Urgent Care doctor within the month following the first 30-days of eligibility that this PCP change will not take into effect until the first of the upcoming month.	
Member/ or Representative Signature: _____ Date: _____	

Please Fax Completed Form to: (541) 768-6701

* If member has been assigned to three different PCP's within the last 365 days, member needs to contact IHN Customer Service at 1-800-832-4580 or (541) 768-4550.