CareFirst Medicare Advantage

Primary Care Physician Change Request Form

MEMBER INFORMATION

Member's Name		Date of Birth
Member's Address		
City	State	Zip Code
Phone	Member's Member ID #	

PRIMARY CARE PHYSICIAN INFORMATION

Primary Care Physician's Name		
Address		
City	State	Zip Code
Phone		

REASON FOR REQUESTING THE CHANGE

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

Signature:	Today's Date:

DIRECTIONS: Please fax to CareFirst BlueCross BlueShield Medicare Advantage's Enrollment Department at 1-844-329-1085 or mail it to our Enrollment Department at: CareFirst BlueCross BlueShield Medicare Advantage, Attention: Enrollment Department, P.O. Box 915, Owings Mills, Maryland 21117.

CareFirst BlueCross BlueShield Medicare Advantage complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística.Llame al 1-844-262-1122 (TTY: 711).

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.注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-262-1122 (TTY: 711).

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