

Primary Care Physician (PCP) Form ONE MEMBER PER FORM



Member information

First name: MI:

Medicaid ID*:

SSN:

Mailing address:

City: State: Zip code:

*Required field

Last name:

Date of birth (mmddyyyy):

Telephone number: - -

PCP change request — Please provide PCP Information

Requested PCP name NPI#

Office address:

City: State: Zip code:

Office phone: - - Effective date (mmddyyyy):

The effective date will be based upon the plan's selection/change policy.

Reason for change from assigned PCP — Choose all that apply. Select at least one.

- | | |
|---|--|
| <input type="checkbox"/> New member — made first-time selection | <input type="checkbox"/> Provider location |
| <input type="checkbox"/> Already patient with requested PCP | <input type="checkbox"/> Association with hospital or medical group |
| <input type="checkbox"/> Requested PCP already sees family member | <input type="checkbox"/> Language/communication barriers |
| <input type="checkbox"/> Member preference | <input type="checkbox"/> Wait time in provider office |
| <input type="checkbox"/> Member moved | <input type="checkbox"/> Availability to get appointment; access to care |
| <input type="checkbox"/> PCP hours didn't fit member need | <input type="checkbox"/> Established relationship w/another |
| <input type="checkbox"/> Quality of care | <input type="checkbox"/> Provider request to disenroll member |
| <input type="checkbox"/> Provider left network | <input type="checkbox"/> Other |



Signature of member or authorized representative

Date (mmddyyyy)

Print name of member or authorized representative

Directions: Please fax Member Change Data forms, with a copy of the member ID card, if available, to Sunflower Health Plan Customer Service Department at **866-491-1824** or mail it to Sunflower Health Plan Customer Service, Four Pine Ridge Plaza, 8325 Lenexa Drive, Suite 200, Lenexa, KS 66214. If you have questions about how to complete this form or want to make this request over the phone, please call the Sunflower Health Plan Customer Service Department, from 8 a.m. to 5 p.m. (CST), Monday through Friday, at **877-644-4623** (TDD/TTY 1-888-282-6428).