



Provider Change and Patient Reassignment Request

Complete Section 1 to change a PCP or OB/GYN or Section 2 to assign a member to a new PCP.

Section 1: Change Request *(completed by Member)*

Check One: Primary Care Provider (PCP) Change OB/GYN Change

Member Name		MVP Member ID No.	
Current Provider Name			
New Provider Name	Provider ID No.	Effective Date of Change	
Member Signature		Date	

Section 2: Patient Reassignment Request *(completed by Provider)*

By completing Section 2, the PCP is requesting that MVP Health Care contact the member indicated below to begin the process of selecting a new PCP. By law, the PCP must continue to provide medical care for this member for 30 days after notifying MVP that this patient should be removed from the Provider's roster. Please be aware that the Provider will remain the patient's PCP until MVP completes the process of contacting and successfully assigning the member to a new PCP.

MVP Member Name		MVP Member ID No.	
Current Provider Name	Provider ID No.	Date	

Return this completed form to MVP by fax:
Commercial Members (HMO, EPO and Exchanges Plans) 518-386-7880
Essential, Child Health Plus, and Medicaid Members 914-631-1746
Medicare Advantage Members 585-327-2227