**Primary Care Physician Change Request Form**

# (To be completed and submitted by the physician with the patient’s consent)

(Please print clearly and complete ALL fields.)

## Your primary care physician is the doctor you go to first and most often for your health care needs and who helps guide you toward important preventive care to keep you healthy and active. By signing this form, you are selecting a new primary care physician and are notifying Humana to make this change to its files.

**Option for members to self-select primary care physician by phone**

Members also can select a different doctor as their primary care physician by calling Humana at the number found on the back of their ID card.

**Option for members to select primary care physician in physician’s office**

## Patient name: Date of birth:

## Humana member ID: Phone number:

## Patient signature: Date:

# Current primary care physician

Name: Group/location:

## New primary care physician

**Full name**: Sunshine Physicians **Group/location**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tax ID:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Effective date of change**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Vendor/center number (if known):** 104802

Reason for change:

## Preparer name: Date:

## Preparer signature: Phone number:

## Submit the form

Please submit the completed form to Humana by fax at **1-800-633-8188** or by mail to: Humana, P.O. Box 14168, Lexington, KY 40512-4168.

## NOTE: All change requests are subject to verification and physician availability.