

Primary Care Provider (PCP) Change Request Form

Please complete this form to request assignment to a new Primary Care Provider.

Send completed forms via Secure Email: PCPChangeRequest@sfhf.org



Section 1: About the Primary Care Provider (PCP) - enter information for the new PCP being requested

PCP Name (First, Last)	PCP NPI#	
Clinic or Practice Name		
Clinic or Practice Street Address		
City	State	Zip Code
Phone with Area Code	Fax with Area Code	

Section 2: About the Member/Patient

Member/Patient Name (First, Last)		
SFHP ID # (from SFHP ID Card)	Date of Birth	
Phone with Area Code	Email Address	
Home or Street Address		
City	State	Zip Code

Note: the new SFHP ID Card with the requested PCP will be sent to the Member/Patient at the address provided above.

Section 3: Please give a reason for this PCP change request

This PCP location is more convenient or accessible to the Member/Patient
This PCP is a better fit for the personal needs or preferences of the Member/Patient
This PCP treats other individuals in the Member/Patient household (e.g., child, spouse, or parent)
A different reason – please describe:

Section 4: Please select Yes or No for all of the following questions - the PCP change request cannot be processed without this information

Has the Member/Patient had an appointment with another PCP in the current month?	Yes	No
Has the Member/Patient seen a Specialist or other Doctor in the current month?	Yes	No
Has the Member/Patient been admitted to the Emergency Room in the current month?	Yes	No
Has the Member/Patient been Hospitalized in the current month?	Yes	No
Has the Member/Patient received Lab Services in the current month?	Yes	No
Does the Member/Patient need any Pharmacy or Medication refills?	Yes	No

Section 5: Please indicate who is making this request for PCP change - the PCP change request cannot be processed without this information

The Member/Patient (self) or Parent/Legal Guardian if minor	
A Representative of the Member/Patient	
Representative Name	Relationship to Member/Patient