



Provider Change Request Form

Member Information

Name _____

Member ID # _____

Phone Number _____

Email _____

Current Provider _____

Desired Provider _____

Practice Name _____

Reason for Change (Please Select One):

I was not able to complete the open enrollment process online.

During open enrollment I selected a provider different than the one I wanted because:

My provider was still listed as "pending" when I completed open enrollment.

I picked a "temporary" provider with the intention of changing at a later date.

I did not recognize any providers listed and was not sure who to pick.

I selected the wrong provider by accident and was not able to go back and change my selection.

I do not like the provider I selected. (Must provide complaint below)

Other (Please Specify Below)

Requests will be reviewed on a weekly basis during the first quarter of 2016.

Please allow 7-10 business days for a response.