PARAMOUNT

Affiliate of ProMedica

Primary Care Physician (PCP) Change FAX Form

Fax to Paramount Member Services: 419-887-2047

Please fill out the following information. A separate form must be completed for each member changed. A confirmation will be faxed to you within one (1) business day of your request.

First Name: _____

Last Name: _____

Paramount ID #: _____

Daytime Phone #: _____

Fax Number: _____

New PCP Name: _____

New PCP Provider #: _____

Reason for change:

- ☐ PA- Unhappy with Physician
- ☐ PC- Unhappy with Office Staff
- ☐ PK- Unsatisfactory Service
- ☐ PL- Unhappy with Accessibility/Availability
- ☐ PM- Unhappy with Office Wait Time
- ☐ PN- Nationality/ Religious Preference
- ☐ PO- Ped/Internal Med/FP Preference
- ☐ PP- PCP Assigned
- ☐ PB- Gender Preference
- ☐ PD- Inconvenient Office Location
- ☐ PE- Previous Provider Joined Plan
- ☐ PG- Office Hours are Inconvenient
- ☐ PI- Member Discharged by Physician
- ☐ PCP No Longer Participating
- ☐ PQ- Incorrect PCP on Card
- ☐ PR- Member Error
- ☐ PT- Office Location Change
- ☐ PU- PCP Not Accepting New Patients

Required

Member Signature: _____

This is being faxed to you from : _____