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
☐ PC- 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: 