



Primary Provider Change Request and Member Information Change Form

INSTRUCTIONS:

- 1. A WHP Member and/or WHP Provider can request a PCP change using this form.
2. If the WHP Member needs help selecting a new Primary Provider, please call 1-866-291-8691.

Reason for Change of Provider:
Current Primary Provider's Name: Current Primary Provider's Group Number:
New Primary Provider's Name: New Primary Provider's Group Number:
Is the WHP Member currently an Established Patient with this provider? YES NO UNKNOWN
PCP change is within: University of Michigan Health System AND/OR St. Joseph Mercy Health System
Provider change is between hospital systems and will be forwarded to the WHP Case Manager.

MEMBER INFORMATION:

Name: Date of Birth:
WHP ID#: Plan Type: WHP Plan A WHP Plan B
Hospital System: U of M SJMH Both

FAX FORM TO: WHP AT (517) 394-4549
FOR MORE INFORMATION, PHONE: 1-866-291-8691

OTHER MEMBER CHANGES:
Address Changes: Moved out of county
Pregnant/Due Date:
Lost Card (Needs new card)
Member Died, Date:
Member Discharged, Attach Discharge letter.
New Coverage: Effective Date:
Other, Describe:

Office Name (Please Print) Date:

Staff Member Name and title (Please Print) Phone:

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