



JOHNS HOPKINS
HEALTH PLANS

PRIMARY CARE PROVIDER (PCP) CHANGE FORM

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Hanover, MD 21076
FAX: 410-424-4881

Instructions: Complete this form and submit by fax.
All information required.

ATTENTION: ENROLLMENT DEPARTMENT

Patient Information:	
Name of Patient:	
Member ID#:	Date of Birth:
Signature of Patient/Parent/Guardian:	
New Provider Information:	
Primary Care Physician Name:	
Primary Care Physician Tax ID #:	
Primary Care Physician NPI #:	
PCP Service Location/Address:	
PCP Change Effective Date:	
Completed By:	
Phone #:	
Date:	