Request for Member Reassignment Form

Please complete this form to request that an Alliance member be reassigned to a new primary care provider (PCP). Fill in all areas below and fax to Provider Services at (831) 430-5857.

Provider information

PCP: Patient Name:

PCP Phone: Alliance ID#

Date of Request: Patient Phone #:

Reason for request

- ☐ Member fraud
- ☐ Request for non-medically necessary medications
- ☐ Violation of Medication Management Agreement
- ☐ Non-compliance with case management
- ☐ Abusive or disruptive behaviors
- ☐ Failure to keep scheduled appointments
- ☐ Ineffective relationship
- ☐ Other (describe below)

Describe circumstances in detail and/or attach documentation supporting request

_____

_____

_____

_____

Describe efforts you have made to address this issue with the patient and/or attach documentation

_____

_____

_____

_____

Member has been notified by letter on _____ *(date).*

Continued on page 2

Reminder: The member will remain linked to your practice until the effective date indicated verbally or in writing from the Alliance. Until that date, you are requested to ensure access to care by providing it yourself or referring the member out to another provider. Ensuring access to care includes prescribing or writing refills for any medically necessary notifications for the member. In additional, you are responsible for authorizing any specialty care services that the member may require until the effective date of reassignment.

Primary Diagnosis		Secondary Diagnosis	
Prognosis		Active medical Issues	
Scheduled diagnostic testing or surgery (if applicable)		Date Rendering Provider	

Signature of PCP requesting reassignment _____

Date _____

Please return both pages of this form to:

Provider Services Department
Central California Alliance for Health
1600 Green Hills Road, Suite 101
Scotts Valley, CA 95066

Or fax to Provider Services at (831) 430-5857

Alliance Medical Director Use Only:

Approve	Deny	Effective Date	Signature

□ *Member Fraud*
□ *Request for non-medically necessary medications*
□ *Violation of Medication Management Agreement*
□ *Non-compliance with case management*
□ *Abusive or disruptive behaviors*
□ *Failure to keep scheduled appointments*
□ *Ineffective relationships*
□ *Other*