Clinic (PCP) Change Form

COMMUNITY HEALTH PLAN of Washington™

Clinic Change Forms can be Faxed to **(206) 652-7085** Attn: Eligibility Coordinator. Questions? Call 1-800-440-1561

- ☐ Apple Health – Family Coverage (HO)
- ☐ Apple Health– w/Premium (sChip)
- ☐ Apple Health – Blind/Disabled
- ☐ Apple Health - Foster Care
- ☐ Apple Health – Adult Coverage (Medicaid Expansion)
- ☐ Medicare

From Clinic _____

To Clinic _____ Location _____

	MEMBER LAST NAME	MEMBER FIRST NAME	DOB	CHPW ID or SSN
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____
5	_____	_____	_____	_____

Member signature _____ **Date** _____

All changes are effective the first day of the month following the date of this request.

FOR NEWBORNS ONLY

(For correct assignment, Community Health Plan must receive form within 15 days of birth.)

☐ Apple Care – Family Coverage (HO) ☐ Apple Care – w/Premium (sChip) ☐ Apple Care – Blind/Disabled
☐ Apple Care - Foster Care ☐ Apple Care – Adult Coverage (Medicaid Expansion)

Newborn's name _____
Last First Middle

Date of birth _____ Sex _____

Newborn's requested Clinic _____ IPA/Panel ID _____

Mother's full name _____
Last First Middle

Mother's Social Security or Community Health Plan of Washington # _____

Mother's Provider One # _____

Mother's assigned Clinic _____

Parent's signature _____ **Date** _____

Form completed by clinic or customer service representative:

_____ Phone _____

This form supplies Community Health Plan of Washington with the information needed to assign a newborn to the correct clinic and to correctly assign member information to the newborn. Incorrect information may result in an incorrect clinic assignment or duplicate newborn records. If Community Health Plan of Washington does not receive a newborn clinic selection form within 15 days of birth, the newborn will be assigned to the mother's clinic (if applicable). If this form is not received and the newborn sees a doctor who is not the newborn's assigned PCP, the PCP does not have to authorize the visit.

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