

MEMBER INFORMATION

Member's Name		Date of Birth
Member's Address		
City	State	Zip Code
Phone	Member's Member ID #	

PRIMARY CARE PHYSICIAN INFORMATION

Primary Care Physician's Name		
Address		
City	State	Zip Code
Phone		

REASON FOR REQUESTING THE CHANGE

- | | |
|---|--|
| <input type="checkbox"/> Already patient with requested PCP | <input type="checkbox"/> Language/communication barriers |
| <input type="checkbox"/> Requested PCP already sees family member | <input type="checkbox"/> Wait time in provider office |
| <input type="checkbox"/> Member Preference | <input type="checkbox"/> Availability to get appointment. |
| <input type="checkbox"/> PCP Hours didn't fit member need | <input type="checkbox"/> Access to care |
| <input type="checkbox"/> Quality of Care | <input type="checkbox"/> Established relationship w/ another |
| <input type="checkbox"/> Provider Location | <input type="checkbox"/> Other |
| <input type="checkbox"/> Association with hospital or medical group | |

Signature:	Today's Date:
------------	---------------

DIRECTIONS: Please fax to University of Maryland Health Advantage's Enrollment Department at 1-844-329-1085 or mail it to our Enrollment Department at: University of Maryland Health Advantage, Attention: Enrollment Department, 1966 Greenspring Drive, Suite 100, Timonium, Maryland, 21093.

University of Maryland Health Advantage is a HMO-SNP plan with a Medicare contract and a State of Maryland Department of Health and Mental Hygiene (Medicaid) program contract. Enrollment in University of Maryland Health Advantage depends on contract renewal. University of Maryland Health Advantage, Inc. complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-262-1122 (TTY: 711).

.注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-262-1122 (TTY: 711).