

REQUEST FOR PCP CHANGE

To request a change in your PCP (Primary Care Providers), please complete this form and mail or fax to Samaritan Health Plan Operations. Your request will be processed within one (1) business day.

PROVIDERS: If the member is in your office, you may contact us at (541) 768-4550, toll free 1-800-832-4580, to expedite this change.

MEMBER INFORMATION:	
Member Name:	Member Date of Birth:
Member ID:	Member Phone #:
Member Address:	
PRIMARY CARE PHYSICIAN INFORMATION:	
Physician Name:	Office Phone #:
Office Address:	
MEMBER SIGNATURE:	
I understand that this PCP change will not go into effect until the first of the upcoming month.	
Member/ or Representative Signature: _____ Date: _____	

**Mail your completed form to:
Samaritan Health Plan Operations, P.O. Box 1310, Corvallis, OR 97339**

- OR -

**FAX your completed form to:
(541) 768-6701**