Primary Care Physician (PCP) Change
Fax to Paramount Member Services: 419-887-2047

Please fill out the following information. A separate form must be completed for each member changed. A confirmation will be faxed to you within one (1) business day of your request.

First Name: ___________________________________________________________________________

Last Name: __________________________________________________________________________

Paramount ID#: _______________________________________________________________________

Phone Number: _______________________________________________________________________

Fax Number: __________________________________________________________________________

New PCP Name: _______________________________________________________________________

New PCP Provider Number: _______________________________________________________________________

Reason for change (required):

☐ PA – Unhappy with physician
☐ PC – Unhappy with office staff
☐ PK – Unsatisfactory service
☐ PL – Unhappy with accessibility/availability
☐ PM – Unhappy with office wait times
☐ PD – Inconvenient office location
☐ PE – Previous provider joined plan
☐ PG – Office hours are inconvenient
☐ PI – Member discharged by physician
☐ PJ – PCP no longer participating
☐ PN – Nationality/Religious preference
☐ PO – Ped/Internal Med/FP preference
☐ PP – PCP assigned
☐ PB – Gender preference
☐ PQ – Incorrect PCP on card
☐ PR – Member error
☐ PT – Office location change
☐ PU – PCP not accepting new patients

Required:

Member Signature: _______________________________________________________________________

Faxed from: ___________________________________________________________________________