



Primary Care Physician Change Request Form

(To be completed and submitted by the Humana sales agent with the member's consent.)

(Please print clearly and complete ALL fields.)

Your primary care physician is the doctor you go to first and most often for your health care needs and for guidance about important preventive care to keep you healthy and active. By signing this form, you are selecting a new primary care physician and notifying Humana to make this change to its files.

Member name: _____ Date of birth: _____

Humana member ID number: _____ Phone number: _____

Member signature: _____ Date: _____

(Member signature is required)

Current primary care physician

Name: _____ Group/location: _____

Address: _____

New primary care physician

Full name: _____ Group/location: _____

Address: _____

Effective date of change: _____ Primary Care Number _____

Reason for change: _____

Preparer name: _____ Date: _____

Preparer signature: _____ Phone number: _____

Submit the form

The completed form can be faxed to Humana at **1-800-633-8188** or mailed to Humana, P.O. Box 14168, Lexington, KY 40512-4168.

Options for member to self-select primary care physician

You also can select a different doctor as your primary care physician online at MyHumana.com or by calling Humana at the number found on the back of your Humana member ID card.

NOTE: All change requests are subject to verification and physician availability. If we are unable to make the change for any reason, Humana will notify the member. Once the change is made, the member will be sent a new Humana member ID card with the name of their new primary care physician within 7-10 business days.