REQUEST FOR MEMBER REASSIGNMENT

****Use this form for NEW members after 3 failed contact attempts and for EXISTING members only after requesting MEMBER EDUCATION**

COMMUNITY HEALTH CHOICE
COMMUNITY CARES

PROVIDER INFORMATION

Provider Name:	______________________	**Provider Phone Number:**	______________________
Office Address:	______________________ ______________________	**Contact at Provider's Office:**	______________________

MEMBER INFORMATION

1. Member's Name (include guardian's name if Member is a minor) 2. Member's ID Number	Current Phone Number	Program	**REASON FOR REASSIGNMENT REQUEST** *(*Indicates REQUIRED Information)*			
❑ New ❑ Existing 1______________________ 2______________________		❑ **STAR** ❑ **CHIP** ❑ **CHIP Perinatal** ❑ **Marketplace**	❑Newborn Education ❑Non-Compliant Med. Tx ❑Abusive with Dr. &/or Staff	❑Appt. No Show (*Date) /Nature of Visit ❑THSteps/WCC ❑Sick Visit ❑THSteps/WCC ❑Sick Visit ❑THSteps/WCC ❑Sick Visit	❑ER for Non-ER / Non-Urgent Cause (*List Dates):	❑Other: (*Please Specify/ Include additional sheet if necessary)
❑ New ❑ Existing 1______________________ 2______________________		❑ **STAR** ❑ **CHIP** ❑ **CHIP Perinatal** ❑ **Marketplace**	❑Newborn Education ❑Non-Compliant Med. Tx ❑Abusive with Dr. &/or Staff	❑Appt. No Show (*Date) /Nature of Visit ❑THSteps/WCC ❑Sick Visit ❑THSteps/WCC ❑Sick Visit ❑THSteps/WCC ❑Sick Visit	❑ER for Non-ER / Non-Urgent Cause (*List Dates):	❑Other: (*Please Specify/ Include additional sheet if necessary)
❑ New ❑ Existing 1______________________ 2______________________		❑ **STAR** ❑ **CHIP** ❑ **CHIP Perinatal** ❑ **Marketplace**	❑Newborn Education ❑Non-Compliant Med. Tx ❑Abusive with Dr. &/or Staff	❑Appt. No Show (*Date) /Nature of Visit ❑THSteps/WCC ❑Sick Visit ❑THSteps/WCC ❑Sick Visit ❑THSteps/WCC ❑Sick Visit	❑ER for Non-ER / Non-Urgent Cause (*List Dates):	❑Other: (*Please Specify/ Include additional sheet if necessary)

CHC Use Only:	*Date Member Reassigned:* *By:*	*Name of new Provider Assignment:*