

# Member PCP Transfer Request Form

*Notice of 60 Calendar Days Required*



**nh healthy families™**

2 Executive Park Drive  
Bedford, NH 03110

**Date of Submission:** \_\_\_\_\_

PRIMARY CARE PHYSICIAN (PCP) INFORMATION	
PCP NAME	
GROUP NAME	
NPI	
TIN	
ADDRESS	
CITY	
STATE	ZIP
CONTACT NAME	
PHONE/EMAIL	

MEMBER INFORMATION	
NAME	
MEMBER ID #	
DATE OF BIRTH	
PARENT/GUARDIAN NAME/AUTHORIZED REPRESENTATIVE	
ADDRESS	
CITY	
STATE	ZIP
PHONE	

REASON FOR MEMBER TRANSFER	
<input type="checkbox"/> MULTIPLE NO-SHOWS	<input type="checkbox"/> MEMBER RELOCATED
<input type="checkbox"/> UNSUCCESSFUL CONTACT WITH MEMBER	<input type="checkbox"/> NON-COMPLIANT WITH MEDICAL TREATMENT
<input type="checkbox"/> BEHAVIORAL CONCERNS	<input type="checkbox"/> VERBAL/PHYSICAL ABUSE OR ALTERCATION
<input type="checkbox"/> MEMBER ADVISED SEEING ANOTHER PCP	<input type="checkbox"/> MEDICAL ISSUES
<input type="checkbox"/> OTHER (PLEASE IDENTIFY SPECIFICS REQUIRING TRANSFER)	

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**1-866-769-3085**

**TDD/TTY: 1-855-742-0123**

## ADDITIONAL INFORMATION

PLEASE INCLUDE ADDITIONAL INFORMATION THAT WOULD HELP NH HEALTHY FAMILIES OUTREACH EFFORTS

Please provide documentation of appointments, and dates and types of outreach activities conducted by the provider and complete all fields on this form, otherwise the request will be considered incomplete.  
Submission of this form does not guarantee members will be transferred.

NH Healthy Families will outreach to the member to determine the reason for missed appointments or non-compliance, and will ensure there is no interruption in care or services.

NH Healthy Families will work to transition the member within 60 days. This timing is subject to change and is dependent on NH Healthy Families ability to contact the member.

**Please fax completed form to NH Healthy Families Member and Provider Services at 1-877-502-7255.**