

Primary Care Provider Change Request Form

(To be completed and submitted by the provider with the patient's consent)

(Please print clearly and complete all fields.)

Your primary care provider is the provider you go to first and most often for your healthcare 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 provider and notifying Humana Healthy Horizons® in Oklahoma to make this change to its files.

Option for member to self-select primary care provider by phone

You also can select a different provider as your primary care provider by calling Humana Healthy Horizons at the number found on the back of your ID card.

Option for member to select primary care provider in provider's office

Patient name: _____ Date of birth: _____

Humana member ID: _____ Phone number: _____

Patient signature: _____ Date: _____

Current primary care provider

Full name: _____ Group/location: _____

New primary care provider

Full name: _____ Group/location: _____

Tax ID: _____ Address: _____

Effective date of change: _____ Vendor/center No. (if known): _____

Reason for change:

Preparer name: _____ Date: _____

Preparer signature: _____ Phone number: _____

Submit the form

Please submit the completed form to Humana Healthy Horizons by email at **OK_PCP_Change@humana.com** or by mail to Humana Healthy Horizons, 210 Park Ave., Suite 2800, Oklahoma City, OK 73102.

Please note: All change requests are subject to verification and provider availability.



Humana Healthy Horizons in Oklahoma is a Medicaid product of Humana Wisconsin Health Organization Insurance Corporation.

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