

**Primary Care Provider Change Form**

Complete for Primary Care Provider changes  
Please fax completed form to (816) 277-0211



To change Primary Care Providers (PCP) for beneficiaries currently  
In Children's Mercy Family Health Partners (CMHFP):

PCP Name: \_\_\_\_\_

PCP CMFHP Provider Number: \_\_\_\_\_

PCP Phone Number: \_\_\_\_\_

<b>Beneficiary Name</b>	<b>Beneficiary Phone Number</b>	<b>Beneficiary CMFHP Member Number</b>

**Beneficiary Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Print Member name:** \_\_\_\_\_

**Date:** \_\_\_\_\_