



Request to move member from PCP to LTC PCP panel

Please add the member listed below to the long-term care (LTC) panel of the following primary care physician (PCP):

Attending physician name:	
Attending physician NPI:	
Member name:	
Member ID:	
Date member was transferred to LTC setting:	

Effective date of change: _____

Note: The effective date must be the **first day of the month** in which the member began receiving long-term care. Effective date of change can only be retroactive six months.

Facility name: _____

Facility NPI: _____

Facility phone number: _____ Facility fax number: _____

Printed name of person completing form: _____

Signature of person completing form: _____ Date: _____

Email: _____

Member/Member designee signature: _____ Date: _____

Please email this completed and signed form to our Provider Network Services team at: ahpnsproviderrequests@amerihealth.com.

Do not write below this line – for internal use only.

LTC PCP BSPA: _____ **Date submitted:** _____ **Date completed:** _____