



HANA HOU MEDICAL GROUP PHYSICIAN STATUS CHANGE REQUEST FORM

This form is to be used to change physician preferences for acceptance of patients and listing in the Physician Directory.

Please fill in the appropriate responses and return to the HHMG office. Physician changes are subject to acceptance by the HHMG. Changes are effective for **ALL PLANS** of HHMG unless otherwise specified.

1) **I WISH TO CHANGE MY STATUS:**

- A) I wish to reinstate my panel.
- I do not wish to remain as a Primary Care Physician.
- I wish to maintain my present panel and will not accept new members. **(For Primary Care Physician only)**
- I do not wish to maintain my present panel.

(Health Plan will contact your patients panel to have them change to another PCP. Until the change is effective you will still be the member's PCP provider.)
(For Primary Care Physician only)

- B) I wish to be listed as a: Primary Care Physician Specialty: _____
 Specialist Specialty: _____

2) **I WISH TO LIMIT MY PRACTICE TO:** _____ (Specialty)

3) **OTHER STATUS CHANGES:** _____

4) **I WISH TO DELIST FROM THE FOLLOWING LINE OF BUSINESS:** *(Credentialing requirements still apply)*

- Devoted Health ACO Reach United Healthcare

I wish this to be effective on: _____ (Date)

Physician Name (Please print): _____

Physician Signature: _____ Date: _____

Please return the form to Hana Hou Medical Group
Fax: (888) 847-8215 Email: info@hanahoumedicalgroup.com