

**Provider Change Form for HPSM Physicians Accepting  
Established Patients Only**

Our records indicate that your office is restricted to accept HPSM members who are Established Patients Only. This document will serve as consent to allow a CareAdvantage member to be assigned to your office for Primary Care Services. In order for this change to take place this form **must be signed by an authorized employee of your practice and parent/member (if available)**. All changes will be effective, the first day of the following month as long as the form is received by the 20<sup>th</sup> day of the current month and the member remains eligible for CareAdvantage.

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

To: HPSM, CareAdvantage Department - Fax # **650-616-2190**

Provider: \_\_\_\_\_ Provider Number: \_\_\_\_\_

Contact Person/Title: \_\_\_\_\_

Telephone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

**\*\*\* I am authorizing this member to be assigned to this office for Primary Care\*\*\***  
[ ] Yes [ ] No

Authorizing Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**\*\*\*I am authorizing the above Provider to be my Primary Care Physician\*\*\***

\_\_\_\_\_  
Print Name\_\_\_\_\_  
Signature\_\_\_\_\_  
Member Identification Number\_\_\_\_\_  
Date of Birth

If you have any questions call a CareAdvantage Navigator at **1-866-880-0606**. Our call center hours are Monday through Sunday, 8:00am to 8:00pm. TYY users can call **1-800-735-2929** or dial **711**. If the form is received by the 20th of the month, effective date is the 1st of the following month. If form is received after the 20th of the month, effective date will be in two (2) months, on the 1st of the month.