

Member and Social Services  
2135 Marshall Edwards Drive  
Bartow, Florida 33830



PHONE: 863-533-1111  
FAX: 863-534-7519  
[www.polk-county.net](http://www.polk-county.net)

**HEALTH AND HUMAN SERVICES DIVISION**

**PRIMARY CARE PHYSICIAN CHANGE REQUEST**

**Member Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Case #:** \_\_\_\_\_

**Phone #** \_\_\_\_\_

I am requesting to change my primary care physician (PCP)

From: \_\_\_\_\_

To \_\_\_\_\_

Location: \_\_\_\_\_

My reason for requesting this change is: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that if the change is approved, the Plan will send me a new Polk HealthCare Plan card that lists my new PCP and that the new doctor change will only take effect on the first day of the month following my written request. I also understand my request must be received, by your office, by the 25th day of the month in order for the change to become effective the next month. Once I am approved, I will get a new Polk HealthCare Plan card 10 to 15 days after you have received my request indicating the new PCP.

**Member's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_