



### Specialist Acting as a Primary Care Provider Request Form

Please complete the Specialist Acting as a Primary Care Provider Request Form and return to Care Management  
Fax: 682-885-8402 or toll free 844-643-8402  
Phone: 888-243-3312

#### Provider Information

Provider Name: \_\_\_\_\_

Primary Specialty: \_\_\_\_\_ Secondary Specialty: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ NPI Number: \_\_\_\_\_ TPI Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Fax Number: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

#### Member Information

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

Member ID Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Alternate Phone Number: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

#### Medical Indication

Explain medical indication for Specialist acting as a Primary Care Provider for this patient:

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\_\_\_\_\_

Completed by \_\_\_\_\_ Date \_\_\_\_\_