Affinity Health Plan

Primary Care Physician (PCP) Change Request Form

FAX the completed form, with a copy of the member's Affinity ID Card, to:

FAX #: 718-536-3398

If you are the Legal Guardian or Power of Attorney, please also include a copy of your legal documentation of authority.

MEMBER INFORMATION	
First Name:	Last Name:
Member ID#:	Date of Birth: ____/____/____
Member Street Address:	City, State, Zip Code:
Preferred Contact Number:	Driver license or state id number:

Select Program: ☐Medicaid ☐Medicare ☐CHP ☐QHP ☐Essential Plan

CURRENT PCP INFORMATION	
Current PCP on Member ID:	PCP Phone Number:
Current PCP's Affinity ID Number (if known):	

NEW PCP INFORMATION	
Practice Name (if applicable): Internal Medicine & Geriatrics, PLLC	PCP Name: Stella Pinhas, MD
NPI Number: Individual: 1255444105; Group: 1053581801	PCP Affinity ID Number (if known): 000665870001
PCP Street Address: 66-12 102nd Street, Suite 1E	City, State, Zip Code: Rego Park, NY 11374
Office Phone Number: (718) 997-7117	Contact Person: Boris Pinhas
Reason for Change:	
When was the last time you saw your current PCP? Date:____/____/____	

SIGNATURE

Form completed by:_____ Contact number:_____

I hereby authorize Affinity Health Plan to make the changes indicated above. I understand that I must sign and date this form before it will be processed.

Signature: _____ Print Name: _____ Date: _____

☐ Member (Self) ☐ Parent of a minor Child ☐ Legal Guardian ☐ Power of Attorney ☐ Other: _____

Only one change request per form please. If you have additional requests, please complete separate forms.
Please allow up to 5 business days for us to process this form.
Note: PCP change requests will be retroactive to the 1st of the month that the request was received by Affinity only if the member has active coverage.