



PCP REQUEST FOR MEMBER TRANSFER

Physician:	Member:
ID#:	ID#:
Telephone:	Telephone:
Fax:	Medicare <input type="checkbox"/>

**Summary of Process Review:**  
**PCP may** request reassignment only if member’s behavior is disruptive to the extent that their continued assignment to the PCP substantially impairs the PCP’s ability to provide services to that particular member or other members of the practice. Before request PCP must make serious effort to resolve the behavior issue.

**PCP may not** request a member transfer because the member exercises his/her option to make treatment decisions with which the PCP disagrees, including the option of no treatment and/or diagnostic testing, lack of compliance with treatment regimen or inability to have the member come to the office.

**Documentation required by the Plan:**

- Explanation of disruptive behavior and how it has impacted the PCP’s ability to provide services to this member or other patients in the PCP’s practice.
- PCP’s serious efforts to provide reasonable accommodation.
- Medical records or progress notes related to the disruptive behavior and updated diagnosis list.

<b>Please include detailed reason for request:</b>
Disruptive behavior:
Other:
Description:

Please submit a copy of the progress notes from the member’s medical records that documents your concern

Physician Signature:	Date:
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**Instructions:**

Please complete this request in its entirety and attach all supporting documentation, including pertinent medical records and office notes. Do not discuss your request to transfer a member from your care until you receive approval from Global TPA. Submit your request to:

Global TPA  
5403 North Church Avenue Tampa, FL 33614

-or-

You may fax back the completed form and documentation to (888) 736-1123.

\*\*\*NOTE\*\*\* - This request may take up to 45 days to process.

**Section to be completed by The Health Plan:**

Date Received:	Date Closed:	New PCP Assignment: Yes or No Effective date:
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