



CALL AND FAX TO:

PHOENIX HEALTH PLAN
Phone # 1-800-747-7997 Fax: 602-674-6613

MERCY CARE
Phone # 1-800-624-3879 Fax: Cover Sheet
ATTN: Member Services 602-351-2313

AIPA (Open 24/7 & Holidays)
Phone # 1-800-348-4058

HEALTH CHOICE
Phone # 1-800-322-8670 Fax: 480-760-4708

PINAL GILA LTC
Phone # 1-800-831-4213 Fax: 1-520-866-6720

CARE 1st
Phone # 1-866-560-4042 Fax: 602-778-1814

TRICARE WEST Fax: 1-866-302-5884

I understand that for the following plans, I must call my plan within 24 hours, or on the next business day, to verbally change my PCP to Dr. Payam Zamani, effective today's date.

AETNA - (Look on Card for Number)

AARP/PCF/Secure Horizons
Phone # 1-888-866-8297

HEALTHNET
Phone # 1-800-289-2818

UNIVERSITY FAMILY CARE
Phone # 1-800-582-8686 Fax: 1-520-874-3434

CIGNA - (Look on Card for Number)

CMDP - Phone # 602-351-2245

MARICOPA HEALTH PLAN
Phone # 1-800-582-8686 Fax: 1-520-874-3434

HUMANA - (Look on Card for Number)

Banner Health Plan - (Look on Card for Number)

DATE OF SERVICE:

I hereby authorize and request to change Primary Care Physicians for the below mentioned patient. The new Primary Care Physician will be Payam Zamani, M.D. Office Location: 287 East Hunt Highway Suite 105, Queen Creek, AZ 85143

This authorization and request is for: PATIENT NAME (Printed)

PATIENT ID NUMBER:

PATIENT DATE OF BIRTH:

PATIENT CONTACT PHONE NUMBER:

PATIENT / GUARDIAN PRINTED NAME

DATE

PATIENT / GUARDIAN SIGNATURE

DATE

COPY OF FORM GIVEN TO PATIENT Staff Initials

DATE