

Primary Care Physician Change Request Form

(To be completed and submitted by the physician with the patient's consent)

(Please print clearly and complete ALL fields.)

Your primary care physician is the doctor you go to first and most often for your health care needs and for guidance about important preventive care to keep you healthy and active. By signing this form, you are selecting a new primary care physician and notifying Humana Healthy Horizons® in South Carolina to make this change to its files.

Option for member to self-select primary care physician by phone

You also can select a different doctor as your primary care physician by calling Humana at the number found on the back of your ID card.

Option for member to select primary care physician in physician's office

Patient name: _____	Date of birth: _____
Humana member ID: _____	Phone number: _____
Patient signature: _____	Date: _____

Current primary care physician

Name: _____	Group/location: _____
-------------	-----------------------

New primary care physician

Full name: _____	Group/location: _____
------------------	-----------------------

Tax ID: _____	Address: _____
---------------	----------------

Effective date of change: _____	Vendor/center number (if known): _____
---------------------------------	--

Reason for change: _____	
--------------------------	--

Preparer name: _____	Date: _____
----------------------	-------------

Preparer signature: _____	Phone number: _____
---------------------------	---------------------

Submit the form

Please submit the completed form to Humana by fax at **800-633-8188** or by mail to Humana, P.O. Box 14168, Lexington, KY 40512-4168.

NOTE: All change requests are subject to verification and physician availability.

Humana
Healthy Horizons®
in South Carolina

Healthy Connections 

Call If You Need Us

If you have questions or need help reading or understanding this document, call us at **866-432-0001 (TTY: 711)**. We are available Monday through Friday, from 8 a.m. to 8 p.m., Eastern time. We can help you at no cost to you. We can explain the document in English or in your first language. We can also help you if you need help seeing or hearing. Please refer to your Member Handbook regarding your rights.

Important!

At Humana, it is important you are treated fairly.

Humana Inc. and its subsidiaries do not discriminate or exclude people because of their race, color, national origin, age, disability, sex, sexual orientation, gender, gender identity, ancestry, ethnicity, marital status, religion, or language. Discrimination is against the law. Humana and its subsidiaries comply with applicable Federal Civil Rights laws. If you believe that you have been discriminated against by Humana or its subsidiaries, there are ways to get help.

- You may file a complaint, also known as a grievance:
Discrimination Grievances, P.O. Box 14618, Lexington, KY 40512-4618.
If you need help filing a grievance, call **866-432-0001** or if you use a TTY, call **711**.
- You can also file a civil rights complaint with the
South Carolina Department of Health and Human Services, Civil Rights Division
1801 Main Street, P.O. Box 8206, Columbia, South Carolina 29202,
888-808-4238, TTY: 888-842-3620, civilrights@scdhhs.gov. Complaint form is available at https://www.scdhhs.gov/sites/default/files/SCDHHS%20Civil%20Rights%20Discrimination%20Complaint_0.pdf.

U.S. Department of Health and Human Services, Office for Civil Rights
electronically through their Complaint Portal, available at
<https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or at **U.S. Department of Health and Human Services**, 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, DC 20201, **800-368-1019, 800-537-7697 (TDD)**. Complaint forms are available at <https://www.hhs.gov/ocr/office/file/index.html>.

Auxiliary aids and services, free of charge, are available to you. **866-432-0001 (TTY: 711)**

Humana provides free auxiliary aids and services, such as qualified sign language interpreters, video remote interpretation, and written information in other formats to people with disabilities when such auxiliary aids and services are necessary to ensure an equal opportunity to participate.

Humana Healthy Horizons in South Carolina is a Medicaid Product of Humana Benefit Plan of South Carolina, Inc.

Language assistance services, free of charge, are available to you.
866-432-0001 (TTY: 711)

English: Call the number above to receive free language assistance services.

Español (Spanish): Llame al número que se indica arriba para recibir servicios gratuitos de asistencia lingüística.

繁體中文 (Chinese): 您可以撥打上面的電話號碼以獲得免費的語言協助服務。

Tiếng Việt (Vietnamese): Gọi số điện thoại ở trên để nhận các dịch vụ hỗ trợ ngôn ngữ miễn phí.

한국어 (Korean): 무료 언어 지원 서비스를 받으려면 위 번호로 전화하십시오.

Français (French): Appelez le numéro ci-dessus pour recevoir des services gratuits d'assistance linguistique.

Tagalog (Tagalog – Filipino): Tawagan ang numero sa itaas para makatanggap ng mga libreng serbisyo sa tulong sa wika.

Русский (Russian): Позвоните по вышеуказанному номеру, чтобы получить бесплатную языковую поддержку.

Deutsch (German): Wählen Sie die oben angegebene Nummer, um kostenlose sprachliche Hilfsdienstleistungen zu erhalten.

ગુજરાતી (Gujarati): મફત ભાષા સહાય સેવાઓ મેળવવા માટે ઉપર આપેલા નંબર પર કોલ કરો.

العربية (Arabic): اتصل برقم الهاتف أعلاه للحصول على خدمات المساعدة اللغوية المجانية.

Português (Portuguese): Ligue para o número acima para receber serviços gratuitos de assistência no idioma.

日本語 (Japanese): 無料の言語支援サービスを受けるには、上記の番号までお電話ください。

Українська (Ukrainian): Зателефонуйте за вказаним вище номером для отримання безкоштовної мовної підтримки.

हिंदी (Hindi): भाषा सहायता सेवाएं मुफ्त में प्राप्त करने के लिए ऊपर के नंबर पर कॉल करें।

ខ្មែរ (Cambodian): ហៅមកលេខទូរស័ព្ទខាងលើ ដើម្បីទទួលបានសេវាកម្មបកប្រែភាសាដោយមិនអស់ប្រាក់ ។