



HEALTH PLAN OF NEVADA
A UnitedHealthcare Company

Primary Care Physician Change Request Form
(To be completed by the Member)
(Please Print Clearly)

Member Name: _____ Date of Birth: _____

Member Number: _____ Phone Number: _____

Member Signature: _____ Date: _____

Current Primary Care Physician

Name: _____ Group/Location: _____

New Primary Care Physician

Name: **REBECCA SY CHING, MD** Group/Location: **CHING'S PEDIATRICS**

Effective Date of New Primary Care Physician: _____

Reason for Change: _____

Staff Name: _____ Date: _____
(Please Print)

Staff Signature: _____ Phone Number: _____

Please submit copy to Health Plan of Nevada at:

Health Plan of Nevada, Inc.

Attn: Member Services Correspondence

Or

Fax: (702) 240-6281

2720 N. Tenaya Way

Las Vegas, NV 89128

All change requests are subject to verification and provider availability.