



Provider Request to Change Primary Care Provider

Medicaid (Healthy MI and CSHS) Molina Dual Options (MI Health Link) Marketplace Medicare (D-SNP)

Member's Name: _____ Member's Molina ID #: _____
Please print FIRST and LAST name Date of Birth: _____

Additional Family Molina Members

Member's Name: _____ Member's Molina ID #: _____
Please print FIRST and LAST name

Member's Name: _____ Member's Molina ID #: _____
Please print FIRST and LAST name

Member's Address: _____
(Please print)
City: _____ State: _____ ZIP: _____

Member's Phone: (____) _____ Cell or Alt. #: (____) _____

My Molina ID card currently has my Primary Care Provider listed as: _____
Please print provider's name

I would like to change my Primary Care Provider to: _____
Please print NEW provider's name

NEW Provider's Address: _____
(Please print)
City: _____ State: _____ ZIP: _____

NEW Provider's Phone: (____) _____

Signature of Member or Delegated Guardian Relationship

Print FIRST and Last Name Date

Email to:
MHMPROVIDERPCPCHANGEREQUEST@Molinahealthcare.com
To make an immediate change while with your patient,
please call toll-free at (855) 322-4077 or Fax (844) 834-2155

Mail to: Molina Healthcare of Michigan, Inc.
Provider Services
880 West Long Lake Rd #600
Troy, MI 48098