

Primary Care Provider (PCP) Request for Member Transfer Form

Instructions for PCP Practice Staff

PCPs should complete this form to request that Vaya Health (Vaya) transfer a member from their panel. **Send this completed form and supporting documents, including pertinent medical records and office notes, to Vaya via secure email to PCPAssignment@vayahealth.com.**

Providers should make all reasonable efforts to establish a satisfactory provider-member relationship in accordance with practice standards. If a satisfactory relationship cannot be established or maintained, the provider must continue to provide medical care for the member until they receive written notification from Vaya stating that the request to transfer the member is approved. After receiving adequate documentation and making an administrative decision, Vaya will contact members about any changes to PCP assignments.

Member name: _____ Member date of birth: _____

Member ID #: _____ Member phone #: _____

Physician name: _____

PCP practice name: _____

PCP NPI: _____

Fax #: _____ Phone #: _____

Please select appropriate reason for terminating your relationship with this member:

Disruptive behavior Non-compliance with treatment

Chronically missed appointments: Date: _____ Date: _____ Date: _____

Is the member on an active treatment plan? Yes No

If "Yes," provide a brief description below.

Please submit a copy of any progress notes in the member's medical record that document your concern.

Physician signature: _____ Date: _____