



## **Member Transfer Request Form**

Ultimate Health Plans (PLAN) has established guidelines for members to be reassigned upon approval, as applicable. Primary Care Physicians (PCP) may request reassignment if a member exhibits disruptive behavior to the extent that their continued assignment to the PCP significantly diminishes the PCP's ability to provide treatment to that specific member or other members in the practice. PCPs should make every reasonable effort to resolve the behavior and maintain a satisfactory member/physician relationship. The PLAN recommends the PCP document any attempts to resolve member conflict(s). A PCP or their staff may not, in any way, coerce or encourage a member to transfer. A PCP may **NOT** request that a member be transferred because the member is non-compliant with treatment, has missed appointments, or when a member exercises his/her option to make treatment decisions with which the PCP disagrees.

To initiate a member transfer request, please complete the form below in its entirety. Please also include the following information:

- ❖ Documented attempts to resolve the member's behavior.
- ❖ Pertinent medical records and/or office notes.
- ❖ Any other documentation that may support your request to transfer.

Member Name:		Physician:	
Member ID #:		ID #:	
DOB:		Telephone #:	
Telephone #:		Fax #:	

Details of disruptive behavior/incident:

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A Physician should refrain from discussing transfer request until you have been notified of a decision from the PLAN. Please note: Transfer decision may take up to 45 days to process.

Physician Office Contact: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please submit form with any supporting documents to [Provider\\_Relations@ulthp.com](mailto:Provider_Relations@ulthp.com) or fax to (352) 515-5976.

Section to be completed by Ultimate Health Plans		
Date Received:		Member Transfer Denied - Does not meet requirements
Decision Date:		Approved - New PCP Effective Date: