

Request to Serve as an Affinity Member's PCP

Affinity Health Plan reviews requests from specialists who wish to serve as an Affinity Health Plan member's PCP. These arrangements are appropriate when a member has a chronic and/or debilitating condition and the member and Specialist agree that it is in the member's best interest that primary care services be provided by a specialty provider.

Please complete the following:

Member Name: _____ Member ID: _____

Provider Name: _____ Provider ID: _____

Provider Specialty: _____

Tax ID where services will be provided: _____

Describe the circumstances which warrant the member's primary care being provided by a specialist. Please indicate the member's condition, course of treatment and how care quality will be improved by a specialty provider's management of primary care services.

Signature: _____

Date: _____

PLEASE RETURN FAX TO (718) 794-7822 attn: Special Care Programs.

Disclaimer: All requests are subject to review in accordance with Affinity Health Plan policies.