

**VIRGINIA PREMIER HEALTH PLAN  
PANEL CHANGE REQUEST FORM**

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**Update Request**

Open Panel      # Members: \_\_\_\_\_

Close Panel

Reasons PCP closing panel:

Resigned     Retired     Relocated     Termed contact     Closed Office

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

**PCP Information**

Provider Name: \_\_\_\_\_      Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_      Fax No.: \_\_\_\_\_

County: \_\_\_\_\_

Network (if applicable): \_\_\_\_\_      Individual NPI # \_\_\_\_\_

Tax ID #: \_\_\_\_\_

Group NPI # \_\_\_\_\_

*For providers closing panel, please indicate if there is a PCP you wish to assign your members:*

**Move members to the following PCP**

Provider Name: \_\_\_\_\_      Practice Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_      Fax No.: \_\_\_\_\_

County: \_\_\_\_\_

Network (if applicable): \_\_\_\_\_      Individual NPI # \_\_\_\_\_

Tax ID #: \_\_\_\_\_