

PCP REQUEST FOR TRANSFER OF MEMBER

#:elephone: Medicare
Medicare □ Medicaid elationship with this member: Date:
elationship with this member: Date:
Date:
No
r's medical record that documents your concern.
Date:
of a Member" (refer to `Ohana Provider Manual). documentation, including pertinent medical records o establish a satisfactory provider and member ctory relationship cannot be established or re for the member until such time that written s been transferred from the provider's practice, and amunicate directly with plan members regarding
adequate documentation and making an g any changes in PCP assignments.
ohana health plan. wellcare ™
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'Ohana Health Plan is proud to serve Medicaid members in the state of Hawai'i. The information presented here is also representative of our affiliated and newly refreshed Wellcare brand of Medicare Advantage products serving members across the country. If you have any questions, please contact Provider Relations.