

Change of Provider Letter

Member ID: _____

Member Name: _____

Member DOB: _____

Phone number: _____

Patient/Guardian Name: _____

Effective Date of Change: _____

To Whom It May Concern:

This letter is to inform you that I am requesting a change in services for myself/my child named above.

I am currently receiving services from (Current Provider Name) _____
for the following services (list current services received from the provider named above):

_____.

At this time, I would like to discontinue services with this provider and proceed with services through the following
provider (New Provider Name) _____.

The reason for requesting the change is as follows:

Sincerely,

Member/LAR Signature

If verbal consent obtained by Service Coordinator (SC),
SC Name

Relationship to Member

Date and Time: SC received verbal consent

Date

01/26/2026