

INSTRUCTIONS FOR COMPLETING THE STATE-FUNDED PROVIDER CHANGE REQUEST FORM

If you want to change your provider, you have two options:

- 🌱 You can call Member and Recipient Services at 877-685-2415 and request to change.
- 🌱 You can use this form called "State-funded Provider Change Request Form."

Trillium recipients can change their provider at any time.

IMPORTANT NOTES:

- 🌱 Requests received by calling Member and Recipient Services will be processed at the time of the call.
- 🌱 Requests received through this form may result in longer processing times.

Please follow these steps to make sure we can process your request:

- 🌱 If you need help filling out this form, you can ask your provider you want to start seeing to help you.
- 🌱 You must electronically sign this form to complete this request.
- 🌱 Use one form per person, even if there are multiple family members requesting the change.

Forms completed with wrong or missing member information will be returned, and provider change will not occur. All requests will be processed within 10 business days of receipt.

REQUEST FOR A CHANGE OF STATE-FUNDED PROVIDER

Your provider is the main person who delivers your behavioral health or I/DD services. Complete this form to change your provider.

For urgent requests or immediate service, please call Member and Recipient Services at 1-877-685-2415.

Recipient Name:			
Recipient Date of Birth:			
Recipient Street Address:	City:	State:	ZIP Code:
Recipient Phone #:	Current Provider Name:		
Email Address:	Okay to leave voicemail: Yes No		

Reason for change (check one):

- | | |
|---|---|
| <input type="checkbox"/> Recipient/provider relocation (has moved) | <input type="checkbox"/> Provider office hard to get to |
| <input type="checkbox"/> Patient is already seeing another provider | <input type="checkbox"/> Recipient Choice |

New Practice Name:		New Individual Provider Name:	
New provider Street Address:	City:	State:	ZIP Code:
Fax #:		Phone #:	

Recipient or Parent/Guardian Signature:

Date: