



## Request to move member from PCP to LTC PCP panel

Please add the member listed below to the long-term care (LTC) panel of the following primary care physician (PCP):

|                                                    |  |
|----------------------------------------------------|--|
| <b>Attending physician name:</b>                   |  |
| <b>Attending physician NPI:</b>                    |  |
| <b>Member name:</b>                                |  |
| <b>Member ID:</b>                                  |  |
| <b>Date member was transferred to LTC setting:</b> |  |

**Effective date of change:** \_\_\_\_\_

*Note:* The effective date must be the **first day of the month** in which the member began receiving long-term care. Effective date of change can only be retroactive six months.

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Facility name: \_\_\_\_\_

Facility NPI: \_\_\_\_\_

Facility phone number: \_\_\_\_\_ Facility fax number: \_\_\_\_\_

Printed name of person completing form: \_\_\_\_\_

Signature of person completing form: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

Member/Member designee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email this completed and signed form to our Provider Network Services team at: [pnsproviderrequests@ibx.com](mailto:pnsproviderrequests@ibx.com).

**Do not write below this line – for internal use only.**



**LTC PCP BSPA:** \_\_\_\_\_ **Date submitted:** \_\_\_\_\_ **Date completed:** \_\_\_\_\_