



State Sponsored Business

Provider Request for Member Deletion from Primary Care Physician (PCP) Assignment

PCP Name:
PCP Phone Number:
Date:

Member Name:
Member ID Number:
Member Date of Birth:
Member Phone Number:

Reason for Request

- Excessive "no shows"
- Urgent or emergency care abuse
- What were the dates and circumstances?

- Member not allowing PCP to manage care
- Unreasonable demands for referrals
- Have you ever seen this member? No
- What are the specific circumstances?
- Medication abuse
What is the member doing to obtain more medication than necessary?

- Abusive or disruptive behavior
- Unsatisfactory doctor/patient relationship (explain below)
- Other

Please give specific circumstances:

Add additional instructions here:

Mail request to:

Anthem Blue Cross
PO Box 60007
Los Angeles, CA 90060-0007
FAX: 888-860-2123

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