

## DISCHARGE FROM PRACTICE FORM COMMERCIAL HMO AND MEDICARE ADVANTAGE HMO MEMBERS

Please complete the following steps before sending this form to Florida Blue:

- Verify the member is currently assigned to the Primary Care Provider (PCP) indicated below through Availity<sup>®1</sup>.
- Document the discharge reason in the member's medical record.
- Send two (2) notification letters to the member via certified mail. See *Discharge from PCP Practice* in the Provider Manual.
- Complete this form and fax it to Florida Blue at: 1-904-997-5716.

**Date:** \_\_\_\_\_

PCP INFORMATION		
<b>PCP Name:</b>	<b>NPI Number:</b>	<b>Group/Practice Name:</b>
<b>Contact Name:</b>	<b>Contact Phone Number:</b>	
MEMBER INFORMATION		
<b>Member Name</b>	<b>Member ID Number:</b>	<b>Member Date of Birth:</b>
REASON FOR DISCHARGE		

**Certified Letter Tracking Numbers:** 1. \_\_\_\_\_ 2. \_\_\_\_\_

**NOTE:**

- The PCP effective date change is the date on the member letter.
- **This is for commercial HMO and Medicare Advantage HMO members only.**  
 Florida Blue cannot reassign a PPO member because PPO members are not required to have a designated PCP.
- Members may change their assigned PCP by calling the Customer Service number on the back of their member ID card.

<sup>1</sup>Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity.com.