Request to Serve as an Affinity Member’s PCP

Affinity Health Plan reviews requests from specialists who wish to serve as an Affinity Health Plan member’s PCP. These arrangements are appropriate when a member has a chronic and/or debilitating condition and the member and Specialist agree that it is in the member’s best interest that primary care services be provided by a specialty provider.

Please complete the following:

Member Name:___________________________   Member ID:___________________

Provider Name:___________________________ Provider ID:___________________

Provider Specialty:_________________________

Tax ID where services will be provided: _______________________________________

Describe the circumstances which warrant the member’s primary care being provided by a specialist. Please indicate the member’s condition, course of treatment and how care quality will be improved by a specialty provider’s management of primary care services.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Signature:______________________________  Date:___________________

PLEASE RETURN FAX TO (718) 794-7822  attn: Special Care Programs.
**Disclaimer:** All requests are subject to review in accordance with Affinity Health Plan policies.