Select Health of South Carolina | Healthy Connections

Physician's Request for Transfer of Member

Please fax this form to Select Health of South Carolina at 1-800-575-0419
If you have questions, please call Member Services at 1-888-276-2020 or 1-843-764-1877 (Charleston)

Provider information		
Provider name:		Tax ID number:
Address:		
Phone:	Fax:	Date of request:

Member information	
Member name:	Member ID number:
Address:	
Date of birth:	Phone:

Reason for transfer request
Reason for termination of this member from your practice: If more room is needed, please continue on the other side.
Transfer member to new primary care provider (PCP):

New PCP information		
Provider name:		Tax ID number:
Address:		
Phone:	Fax:	Date of request:

Member's signature: _____

Date: _____

Physician's signature: _____

Date: _____

The PCP change will take effect the first day of the month following completion of this form. The member will be sent an updated ID card reflecting the new PCP's information. A copy of the member's medical records should be forwarded to the new provider.