

## Monroe Plan Doctor Change Form

Blue Choice Option / Child Health Plus

\_\_\_\_\_ Primary Care

\_\_\_\_\_ OBGYN

I would like to change (my doctor / my child's doctor)

from \_\_\_\_\_ to \_\_\_\_\_,

effective \_\_\_\_\_ for the following reason:

1. \_\_\_\_\_ I was auto-assigned to a physician other than my current doctor.
2. \_\_\_\_\_ My current doctor is not accepting new patients.
3. \_\_\_\_\_ There is a problem with my current doctor and / or staff.
4. \_\_\_\_\_ My current doctor moved and I cannot get to his / her office.
5. \_\_\_\_\_ I moved and I cannot get to my doctor's office.
6. \_\_\_\_\_ Other (please describe) \_\_\_\_\_.

Patient's Name \_\_\_\_\_

Contract # \_\_\_\_\_

Patient's Date of Birth \_\_\_\_\_

Signature

\_\_\_\_\_  
Patient's (or Parent's)

\_\_\_\_\_  
Date

Please mail or fax to: Monroe Plan for Medical Care  
2700 Elmwood Avenue  
Rochester, NY 14618  
Phone: (585) 244-5550 , Fax: (585) 244-9647