

Florida Blue 4800 Deerwood Campus Parkway Jacksonville, Florida 32246 Fax number: (904) 997-5716

DISCHARGE FROM PRACTICE FORM HMO and MEDICARE ADVANTAGE HMO MEMBERS

Make sure that the following steps have been completed before sending this form to Florida Blue:

- Verify that the member is currently assigned to the PCP indicated below through Availity^{®1}
- Document the discharge reason in the member's medical record.
- Send 2 notification letters to the member via certified mail (applies to Medicare Advantage HMO members only.) See "Discharge from PCP Practice" in the Provider Manual.
- Complete this form and fax it to Florida Blue at the following fax number: (904)997-5716.

Date	
Member Name:	
Member ID Number:	
Member Date of Birth:	
PCP Name:	
NPI Number:	
Group/Practice Name:	
Contact Name:	
Contact Phone Number:	
Please check the reason for discharge: □ Failure to establish care with the PCP □ Threatening behavior toward staff or other pat □ Fraudulent behavior	ients
□Other	

Note:

Data:

- If this request is approved, the PCP effective date change is the date on the member letter.
- This is for HMO and Medicare Advantage HMO members only. We can't 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.

¹Availity, LLC is a multi-payer joint venture company. For more information or to register, visit Availity's website at Availity.com.